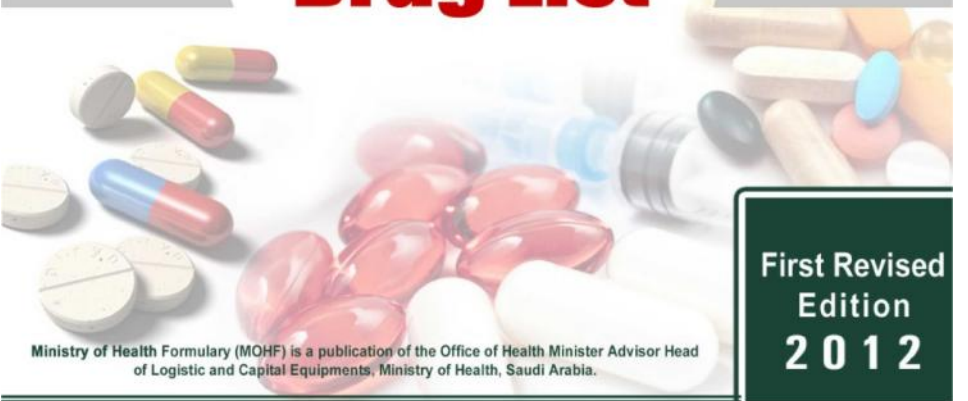
وزارة الصحة
Ministry of Health

Ministry of Health

Formulary

Drug List



First Revised Edition
2012

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MOH Formulary Drug List

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MESSAGE OF MINISTER OF HEALTH

In the name of God the most merciful, the most compassionate

In its pursuit of healthcare excellence the Ministry of Health is committed to provide the highest quality and standards of patient care and safety to the people of this beloved country. The objective of the MoH Formulary system is to provide safe, appropriate and therapeutically effective drug therapy consistently throughout the MoH facilities in turn resulting in minimizing variation and enhancing standardization.

This latest edition of MoH Formulary contains updated 2012 listings as well as easy-to-follow information and necessary procedures to assist healthcare professionals in obtaining specific Pharmacy Services.

Quality of care is paramount to the Ministry of Health and as such this Formulary Booklet has been developed for the healthcare professional to use as a tool to provide optimum care to our precious patients.

In conclusion, I would like to extend my heartfelt thanks and appreciation to the dedicated and hardworking members of the Pharmacy and Therapeutic Committee.

Abdullah Al Rabeeah, MD, FRCSC
Minister of Health
Kingdom of Saudi Arabia

THE HEALTH MINISTER ADVISER MESSAGE

According to the recommendation of the Minister of Health about reviewing the Ministry Of Health Formulary and having an easy portable edition, It is our pleasure to introduce the MOH Formulary drug list revised edition.

This edition is carefully and extensively reviewed and modified by adding new drugs and deleting the old unused ones. Our aim is to keep this formulary updated by adding new drugs that are approved by the P&T committee and constantly updating the list of crush card and emergency drugs.

The Formulary of the MOH is classified according to the pharmacological groups. Other specified and more detailed formulary booklets will be published in the near future.

At the end we hope that all this efforts in successfully utilizing this formulary will bare fruit in helping the medical staff perform the ideal medical care, finaly i wish to thank the minister of Health Dr. Abdullah bin Abdul Aziz Al Rabeeah , who supported us in our efforts to complete this formulary.

We highly appreciate efforts put forth in this issue

God bless you,

Salah Fahad Al-Mazroua

USE OF FORMULARY

MOH formulary drug list is divided into three sections.

The first section is a compilation of selected policies , guidelines, and medical supply directory

The second section is the Therapeutic listing of all medications approved for using in MOH hospitals

Each individual drug is arranged in a consistent format that will provide the following information for quick reference when considering a prescription.

Chapter 1
GASTROINTESTINAL SYSTEM

Code No.	Item	Dosage Form	Strength		
01.01. ANTACIDS					
546014610	Aluminum hydroxide + Magnesium hydroxide	Tablet	P	PHC	H

P	Purchasable Item (Planed Item)
NP	Non Purchasable Item (Non Planen Item)
C	Medication Under Controled Polices Through Prescriping, Dispensing And Administration
PHC	Medication Planed To Be Dispensed At Primary Health Care centers
H	Medication Planed To Be Dispensed At Hospital
N	Narcotic Medication

The third section is the appendix included approved abbreviations, MOH forms, key ward index, and alphabetical index.

DRUG CONTROL POLICIES AND GUIDELINES

The Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics Committee is a standing medical committee of healthcare professionals MOH hospitals, The committee is composed chiefly of physicians, pharmacists and nurses with broad representation from physician specialty groups in the hospital.

Purposes

The primary purposes of the Pharmacy and Therapeutics Committee are:

Advisory

The committee recommends the adoption of, or assists in the formulation of policies regarding evaluation, selection, and therapeutic use of drugs in the hospital.

Educational

The committee recommends or assists in the formulation of programs designed to meet the continuing needs of the professional staff (physicians, nurses, pharmacists, and other healthcare practitioners) on matters related to , drugs and drug use.

Scope of Functions :

The Pharmacy and Therapeutics Committee functions are:

- to serve in an advisory capacity to the medical staff and hospital administration in all matters pertaining to the use of drugs
- to develop a formulary of drugs accepted for use in the hospital arid provide for its constant revision; the selection of items to be included in the formulary will be based on objective evaluation of their respective therapeutic merits, safety, and cost; the committee strives to minimize duplication of the same basic drug type, drug entity, or drug product
- to establish programs and procedures that help ensure cost-effective drug therapy to establish or plan suitable educational programs for the hospital's professional staff on matters related to drug use
- to participate in quality-assurance activities related to the distribution, administration, and safe use of medications
- to review adverse drug reactions and medication errors occurring in the hospital and recommend corrective action
- to initiate and/or direct drug-use review programs and ensure follow-up of the results
- to advise the pharmacy in the implementation of effective drug distribution and control procedures
- to make recommendations concerning those drugs to be stocked in hospital patient-care areas

- to develop and/or approve policies and procedures relating to the selection, distribution, handling, use, and administration of drugs and diagnostic testing materials

The Formulary System

hospital formulary system is an ongoing process whereby the medical staff working through the Pharmacy and Therapeutics Committee evaluates drug selects those drugs it considers to be the most beneficial in patient care, a formulary represents a continually revised compilation of pharmaceutics that reflects the current clinical judgment of the medical and pharmacy staff. Drugs evaluated and recommended as such are called **"formulary drugs"** and are the only agents that shall be routinely stocked in the pharmacy.

Formulary Additions

A request for inclusion of a drug in the hospital formulary shall be made by. submitting a Formulary Addition Request along with supporting literature and a signed disclosure of dual interest to the Pharmacy and Therapeutics (P&T Committee). This addition request form is available from MOH forms .

Requests for addition to the formulary are evaluated on the basis of a literature review of the drug's safety and efficacy, as well as the availability of similar drugs already on the formulary. Generally, each addition is balanced' by deletion of an existing product. Individuals requesting an addition to the formulary are asked to present their application to the Pharmacy and Therapeutics Committee for final decision. Generally, one to two applications for addition of drugs are discussed by the P&T Committee at its regular meetings. The committee will make one of the following decisions regarding the request:

- approval (with or without restriction)
- denial
- deferment (until pertinent information becomes available)

The following rules and guidelines apply to formulary additions.

1- As per Saudi Ministry of Health directive, only drugs which belong to one of the following categories may be considered for inclusion into formulary:

a. medications registered for use in the Saudi Arabia

b. medications available for free sale in USA, UK, Canada, or. Sweden from manufacturers registered within the Kingdom's Ministry of Health

C. FDA-approved drug entities from manufacturers not registered with the Saudi Ministry of Health, but available in USA; Canada, UK, or. Sweden

2- Drugs with unknown formula or composition shall not be admitted to the hospital formulary. Fixed dosage form combinations of two or more agents shall be regarded as undesirable. Such combinations may only be considered when a therapeutic advantage is demonstrated and there are no known disadvantages.

3- A drug may be approved for addition to the formulary for one or more of the following reasons:
   a. It is the only drug effective for the purpose indicated. (Therapeutic efficacy will be based on "Statistically Significant Controlled Studies" reported in the medical literature.)
   b. It is superior to other formulary drugs in use because of:

      - greater efficacy for most patients or for selected patients, taking into consideration variations in patient response
      - decreased toxicity or greater patient tolerance
      - easier method of administration

   c. It possesses equal efficacy and safety as a currently used formulary product but is more economical.

4. Drugs will be admitted to the formulary under a nonproprietary name. The Department of Pharmacy Services, in collaboration with Logistical Services, will decide which brand to stock based on current bioavailability data, cost considerations, as well as other pertinent pharmaceutical considerations.

Deletion of a Drug

Suggestions for deletion of drugs from the formulary may be submitted to the P&T Committee by any member of the medical, pharmacy, or nursing staff.
order to control growth of the hospital formulary, some additions will balanced by deletions of another drug. P & T committie shall periodically review its stocks and various therapeutic classes on an ongoing basis to effect deletion of duplicate drugs whose usage is low or those which can readily be replaced by less costly but equally efficacious alternatives.
Deletion of products due to unavailability as a result of discontinuation by the manufacturer, Saudi MOH restriction, etc will be noted at the Pharmacy and therapeutics Committee meetings and recorded in the minutes. All medical, nursing; pharmacy, and other related healthcare providers shall be informed appropriately to minimize impact on patient care.

Generic Substitution

formulary system which admits a drug under the nonproprietary name implies permitted substitution of chemically and pharmacologically equivalent products (generics).

Restricted Drugs

In order to promote and ensure rational use of drugs, P&T Committee approves specific usage criteria that must be met prior to dispensing certain drugs. These drugs are referred to as "restricted drugs" in the formulary and the restrictions may be one of the following types:

- by indications
- by specialty

- by a group of patients
- by protocol or guidelines

It is the responsibility of the physician to ensure that all specific criteria are met before prescribing the drug. The pharmacist, upon receiving an order for a restricted drug, shall review and may call the physician for verification of the usage criteria before dispensing. Please consult individual drug monograph for specific restrictions.

Nonformulary Drugs

Drugs which are not currently approved by the P&T Committee for use at MOH hospitals are termed as nonformulary.

Only those drugs which are listed in the formulary of the MOH will be stocked in the pharmacy and accordingly prescribed by the medical staff.

However, in special clinical situations an attending physician may request procurement of a specific drug if, in his opinion:

- none of the currently available formulary products meet the therapeutic needs of the patient
- all acceptable therapeutic alternatives listed in the formulary have been tried and failed [v]
- the nonformulary product is superior to the available alternatives

Procedure for Requesting a Nonformulary Drug

1. Physician fills in a nonformulary drug approval form and submits same along with related supporting literature to his/her Section Head or Department Chair for approval. Once signed, the Form and literature are sent to the Head of Pharmacy for approval.
2. The Head of Pharmacy may consult experts within the hospital or the P&T Committee Chair for their opinion of the request.
3. If the Head of Pharmacy approves the request, he will then arrange procurement of the medication. The time required to make this drug available depends on its local availability.
4. A nonformulary drug is **only to be used** by the requesting physician for a single patient and is not intended for use by the general staff for the general patient population. Proper documentation of use will be maintained by the pharmacy.
5. The requesting physician is required to complete a Form follow-up letter describing the treatment outcome with the nonformulary drug.
6. A summary of all nonformulary drug requests will be presented periodically to the Pharmacy and Therapeutics Committee for review.

Investigational Drugs

An investigational drug is defined as an agent, the use of which has not been approved on a commercial basis by a regulatory body in Saudi Arabia. The Clinical Research Committee, reviews protocols involving drug use in patients. The Investigational Drug Services Section of Pharmacy Services shall act as

the center for procurement, storage, and distribution of investigational drugs and will provide information regarding their preparation and use.
An investigational drug shall only be used under the direct supervision of the principal investigator, who shall be a member of the medical staff and who shall assume responsibility for securing the necessary consent from the patient(s) and/or the patient(s)' family members, monitoring the therapeutic and adverse side effects of the drug and informing the patient(s) and patient(s)' family members beforehand of the possible risks and benefits of the drug therapy. The principal investigator alone is responsible for signing the appropriate release forms, if any, for obtaining the investigational drug from the manufacturer.
Signed consent forms must be placed in the patient's chart. Pharmacy will dispense the drug and maintain pertinent records upon receipt of the physician's order, assuming that a signed patient consent form has been placed in the patient's chart.

Compassionate Use of an Investigational Drug or a Licensed Drug

Penicillin or Penicillin Derivative Administration
To ensure safe penicillin therapy, patients must be tested prior to administration of any penicillin or penicillin derivative. These policies conform to the Saudi Ministry of Health guidelines and are outlined below.

1. The prescribing physician determines if a patient needs an intradermal skin test or not as per the following guidelines.

    a. **Oral Therapy:** Compulsory skin testing is not required, but is left to the discretion of the physician who, before writing a prescription for a penicillin derivative, will ensure that the patient has no allergies to it. If the patient's history is not clear, the physician may ask for a skin test.
    b. **Parenteral Therapy:** A skin test must be done. If penicillin therapy is to be restarted 30 days or more after the last therapeutic dose or skin test, then a repeat skin test is required.
2. If the physician determines that a skin test is necessary, it must be specified clearly on the prescription order form (eg, "administer skin test").
3. Written permission for administration of the skin test and or penicillin therapy must be obtained from the patient or legal guardian, using Form (Consent for Penicillin Administration).
4. Only after the test is negative or the physician is assured that no penicillin allergy exists, will the prescription be forwarded to the pharmacy.
5. The pharmacy will assume that the above procedures have been implemented and will automatically dispense any penicillin derivative prescription it receives without verification of skin test result.

Adverse Drug Reactions

An adverse drug reaction reporting program is established at MOH to ensure patient safety. The data from the program is reviewed on a regular basis by the Pharmacy and Therapeutics Committee.
An adverse drug reaction is any response to a drug which is noxious and unintended at doses within the manufacturer's recommended dosage range.
In the event of an adverse drug reaction (ADR), the procedures outlined below should be followed.

1. The practitioner who ordered the drug is to be notified and appropriate medical treatment is to be administered to the patient.
2. Documentation of the reaction is to be entered in the patient's medical record (eg, nurses' notes and physicians' orders) and an ADR-alert form is to be completed .
3. The ADR-alert form is to be filled out by any member of the health-care team who observes the reaction. The form should be imprinted with the patient's nameplate in the space provided. The ADR-alert form can then be forwarded to the Pharmacy, Drug Information Center.
4. Upon receipt of the ADR form, the Drug Information Center will coordinate the evaluation of a suspected ADR.
5. To ensure that information supplied by the ADR is used effectively towards the goal of improving quality patient care, the results are evaluated, compiled, and reported quarterly to the Pharmacy and Therapeutics Committee.

Signature Cards

Pharmacy maintains electronic and hard copy databases to identify the signatures of all prescribers with clinical privileges. All practitioners are required to submit a completed New Staff Information Form bearing their representative signature to the Pharmacy Department via Medical and Clinical Operations.

Prescription Writing

Drugs are dispensed only upon a written order of an authorized prescriber. Specific and detailed prescription policies are outlined under the inpatient and outpatient medication systems and narcotic and controlled medication section. In order to minimize errors, prescriptions should be written clearly as per the following guidelines.

1. Prescriptions should be written in the metric system.
2. For pediatric patients, chemotherapeutic medications, and other critical care drugs in which dose calculation and administration are routinely dependent on patient weight or body surface area (BSA), the doses should be written as mg, ml_, or meg per kg or per square meter of BSA. Patient weight, BSA (wherever applicable), and frequency of dosing should also be a part of the order writing.

   Example:

   Digoxin: 10 meg per kg daily P.O. = 40 meg daily P.O. (wt = 4 kg)

   Vincristine: 1 mg per $m^2$1.V. = 2 mg (BSA = 2 m^2)
3. In the interest of minimizing errors, the use of abbreviations is discouraged. Only abbreviations approved by the P&T Committee for medications or their administration are acceptable for prescription writing.
4. The following dangerous abbreviations/symbols are not permitted for use at MOH hospitals.

Abbreviation Not Permitted	Intended Meaning	Recommendation
U	Unit	Write "unit"
IU	International unit	Write "international unit"
Q.D.	Every day	Write "every day"
Q.O.D.	Every other day	Write "every other day"
.X mg	0.X mg	The decimal point is often missed and 10-fold errors result. **Write "0" before the decimal point.**
X.O mg	X mg	The decimal point is often missed and

		10-fold errors result. **Never write "0" by itself after a decimal point.**
MS	Morphine sulfate	Often confused for magnesium sulfate; write "morphine sulfate".
MS04	Morphine sulfate	Often confused for magnesium sulfate; write "morphine sulfate".
MgS04	Magnesium sulfate	The combination Mg and S04 is confused with morphine sulphate
/	"per" or separate doses	Write "per" (eg, 10 mmol per liter)
q6PM	Nightly at 6 PM	Write "nightly at 6 PM" (or needed time)
x3d	For three days	Write x3 "days" (or needed length of therapy)
>> <	Greater than or less than	Write "greater than" or "less than"
L.A.	Long-acting	Write "long-acting"
HD	Hypodermic	Write "hypodermic"
IS	Intrasynovial	Write "intrasynovial"
P.L	Intrapleural	Write "intrapleural"
S.C.	Subcutaneous	Write "SubQ" or subcutaneous
hs	Bedtime	Write "bedtime"
qhs	At every bedtime	Write "at every bedtime"
ss	One half, semis	Write "one half" or "semis"

5. Specific and detailed prescription policies are outlined under the Inpatient and Outpatient Medication Systems and Narcotic and Controlled Medication section. Specific instructions for use shall be written, whenever possible, by the prescriber. "As directed" is not acceptable and shall require further clarification with the prescriber or adequate directions. Physicians must specify a time interval for PRN drugs (eg, every 4-6 hours prn for pain or fever).

Narcotics and Controlled Medications

The MOH hospitals strictly follows the rules and guidelines laid out by the Saudi Ministry of Health as they apply to procurement, storage, distribution, prescribing, and disposal of narcotics and controlled medications.
In this formulary, drugs classified as narcotics are identified by the letter [N]. Controlled medications are designated by the letter [C]. An itemization of all narcotics and controlled medications found in the Key Word Index of this formulary.

Key Guidelines

- Narcotics and controlled medications shall be prescribed only when there is a clear and definite indication for their use.
- All orders must be dated and timed at the time of writing, and outpatient prescriptions are valid for filling in the pharmacy within 24 hours if written in the Emergency Room or three calendar days if generated from routine clinics.
- The strength and quantity of the narcotic/controlled medications to be dispensed for outpatients must be written in words and numbers.
- Outpatient prescriptions for narcotic and controlled medications must be written on special prescription and no refills are permitted.

Following are salient features of the applicable rules.

Narcotics (drugs marked as "N")

Inpatients

- Therapy with narcotics may only be initiated by consultants, dentists, assistants, or fellows by writing prescriptions on the Physician Order Form.
- Renewal or change orders written by residents must be countersigned within 24 hours by the attending consultant, assistant, or fellow.
- Narcotics as discharge medications may only be prescribed to terminal cancer patients and by consultants, assistants, or fellows involved in management of cancer pain and will be limited to a maximum 30-day supply.
- Narcotic orders are valid for 72 hours. Continuous I.V. drips of narcotics as part of the I.V. admixture system are valid for 24 hours only.
- Empty ampuls and vials of narcotics must be returned to the pharmacy along with the respective sign-out sheets as proof of use.

Outpatients

- Narcotics may only be prescribed for management of cancer pain and the diagnosis must read as "terminal cancer patient" or abbreviated as TCP.
- Only consultants, assistants, and fellows involved in management of cancer pain may prescribe narcotics.
- A maximum 30-day supply of nonparenteral narcotics may be prescribed. \
- Injectionectable narcotics are not to be prescribed or dispensed for use outside the hospital.
- In the Emergency Room, no narcotic medications will be prescribed except to documented cancer patients. The diagnosis must indicate TCP and the supply will not exceed 30 solid or liquid doses. This

facility should only be used during such hours when routine oncology or pain clinics are not open.

- Patients seen in emergency clinics with temporary numbers will not be prescribed narcotics to take home. However, doses may be administered to them in clinics if deemed necessary by the attending physician. In this case, the nurse, along with usual entries, must note on the narcotic control sheets the patient's address and
- passport/national ID number.

Controlled Medications (drugs marked as "C")

Controlled medications refer to a group of medications that besides being internationally recognized scheduled drugs, includes other psychoactive drugs as defined by the Saudi Ministry of Health regulations.
Consultants, assistants, dentists, and fellows may prescribe controlled medications, only if the use of such drugs falls under their area of specialization or patient management.

Inpatients

- Residents.may initiate new or discharge orders, but they must write the attending consultant's name and ID next to their signatures. Consultants must countersign such orders within 24 hours.
- Residents may renew or alter prescriptions initially written by consultants, assistants, or fellows for adjustments in dose or frequency based on clinical status of the patient.

Outpatients

- A maximum 90-day supply of controlled medications may be dispensed at any one time. The total quantity to be dispensed must not exceed the medically recommended maximum daily dose for 90 days. For Emergency Room patients, a maximum of 30 individual units or liquid doses shall be dispensed.
- Physicians are not to prescribe narcotics or controlled medications for self or direct family use but have to utilize family health or routine clinic system for such medications. All such prescriptions must be noted in the individual medical charts.
- Emergency clinic prescriptions for new patients without KFSH number/addressograph must have, on the back of the prescription, the patient's full name, address, and his national ID/Iqama or passport number.

High-Alert medications

High-Alert medications are drugs that have a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients. High Alert meds have a higher risk of causing injectionury, either as a result of a narrow therapeutic range or due to a

high incidence of reported serious errors. Methods to reduce error include strategies such as improving access to information about these drugs; limiting access to High-Alert medications; using Tallman lettering, using auxiliary labels and automated alerts; standardizing the ordering, storage, preparation, and administration of these products; and employing redundancies such as automated or independent double checks when necessary. New formulary medications and additional relevant safety information will be reviewed for inclusion on the High-Alert Medication list by the Pharmacy and Therapeutics committee.

The MOH Pharmacy and Therapeutics Committee, with the input of the Medication Safety Committee, has reviewed the formulary and trend analysis of medication errors to determine a list of High-Risk/High Alert medications. The primary objective is to provide the highest quality pharmaceutical care with the minimum number of medication errors and the lowest potential for patient risk. The primary goal is to promote the fact that medication safety should be a critical component in any hospital's overall strategic plan. The tool also provides guidance for how to incorporate medication safety into the strategic planning process.

ISMP's LIST OF HIGH ALERT MEDICATIONS

Classes/Categories of Medications
Adrenergic agonists, IV (e.g., epinephrine, phenylephrine, norepinephrine)
Adrenergic antagonists, IV (e.g., propranolol, metoprolol, labetalol)
Anesthetic agents, general, inhaled and IV (e.g., propofol, ketamine)
Antiarrhythmics, IV (e.g., lidocaine, amiodarone)
Antithrombotic agents (anticoagulants), including warfarin, low-molecular-weight Heparin, IVunfractionated heparin, Factor Xa inhibitors (fondaparinux), direct thrombin Inhibitors (e.g.,argatroban, lepirudin, bivalirudin), thrombolytics (e.g., alteplase, Reteplase, tenecteplase), andglycoprotein IIb/IIIa inhibitors (e.g., eptifibatide)
Cardioplegic solutions
Chemotherapeutic agents, parenteral and oral
Dextrose, hypertonic, 20% or greater
Dialysis solutions, peritoneal and hemodialysis
Epidural or intrathecal medications
Hypoglycemics, oral
Inotropic medications, IV (e.g., digoxin, milrinone)
Liposomal forms of drugs (e.g., liposomal amphotericin B)
Moderate sedation agents, IV (e.g., midazolam)
Moderate sedation agents, oral, for children (e.g., chloral hydrate)
Narcotics/opiates, IV, transdermal, and oral (including liquid concentrates, immediate Andsustained-release formulations)
Neuromuscular blocking agents (e.g., succinylcholine, rocuronium, vecuronium)
Radiocontrast agents, IV

Total parenteral nutrition solutions

Specific Medications
Colchicine injectionection
Epoprostenol (Flolan), IV
Insulin, subcutaneous and IV
Magnesium sulfate injectionection
Methotrexate, oral, non-oncologic use
Opium tincture
Oxytocin, IV
Nitroprusside sodium for injectionection
Potassium chloride for injectionection concentrate
Potassium phosphates injectionection
Promethazine, IV
Sodium chloride for injectionection, hypertonic (greater than 0.9% concentration)
Sterile water for injectionection, inhalation, and irrigation (excluding pour bottles) in containers of 100 mL or more

Chapter 1
GASTROINTESTINAL SYSTEM

Code No.	Item Specification	Dosage Form	Strength			
01. GASTROINTESTINAL SYSTEM						
01.01. ANTACIDS						
546014610	Aluminum hydroxide + Magnesium hydroxide	Tablet		P	PHC	H
546012001	Aluminum hydroxide + Magnesium hydroxide (low sodium)	Suspension	100 ml	P	PHC	H
01.02. ANTISPASMODICS						
546023120	Hyoscine butylbromide	Tablet	10 mg	P	PHC	H
546025120	Hyoscine butylbromide	Suppository	10 mg	P		H
546024130	Hyoscine butylbromide	Ampoule	20 mg	P	PHC	H
546021137	Mebeverine HCL	Tablet	200 mg	P	PHC	H
546021135	Mebeverine HCL	Tablet	135 mg	NP		
01.03. ULCER-HEALING DRUGS						
01.03.01. H2-Receptor Antagonists						
546031230	Ranitidine	Tablet	150 mg	P	PHC	H
546031231	Famotidine	Tablet	20 mg	NP		
546031237	Nizatidine	Tablet	150 mg	NP		
546034232	Ranitidine HCL	Ampoule	50 mg	P		H
01.03.02. Chelates and Complexes						
546070240	Sucralfate	Tablet	1 gm	NP		
01.03.03. Proton Pump Inhibitors						
546031236	Omeprazole	Tablet Or Capsule	20 mg	P	PHC	H
546031242	Lansoprazole	Tablet	30 mg	NP		
546031240	Esomeprazole magnesium trihydrate	Tablet	20 mg	P		H
546031238	Omeprazole sodium	Vial	40 mg	P		H
546031239	Pantoprazoole sodium sesquihydrate	Vial	40 mg	NP		H

01.04. ANTIDIARRHEAL DRUGS						
546021090	Loperamide HCL	Capsule	2 mg	P		H
546021091	Kaolin + Pectin	Suspension	9.88gm + 22 mg/ 5ml 60ml/ Bottle	P		H
01.05. DRUGS FOR INFLAMMATORY BOWEL DISEASES						
546081702	Mesalazine	Tablets	400 mg – 500 mg	P		H
546081700	Sulfasalazine,	Tablets	500 mg	P		H
547051415	Prednisolone	Enema with a nozzle	20 mg 100 ml	NP		
546041315	Mesalazine	Suppository	500 - 1000 mg	P		H
01.06. LAXATIVES						
01.06.01. Bulk-forming laxative						
546061520	Bulk-forming laxative	Sachet	7 - 15 gm	P	PHC	H
01.06.02. Stimulant Laxatives						
546061515	Bisacodyl	Tablets	5 mg	NP		
546065562	Bisacodyl	Suppository	5 mg	NP		
546063510	Bisacodyl	Suppository	10 mg	P	PHC	H
546063520	Docusate sodium	Tablets	100 mg	NP		
546063530	Docusate sodium	Oral Solution	12.5 mg / 5ml	NP		
546065550	Glycerin pediatric suppository	Suppository	900 mg	P	PHC	H
546065548	Glycerin adult suppository	Suppository		NP		
546061500	Senna	Tablets	5 - 10 mg	P	PHC	H
01.06.03. Osmotic Laxatives						
551142650	Lactulose	Syrup	3 - 3.5 gm/ ml (300 ml)	P	PHC	H
551142670	Phosphate enema	Enema	60 ml	NP		
546065560	Phosphate enema	Enema	100- 150 ml	P		H
551142652	Polyethylene glycol , 3350-13.125 g oral powder , Sodium bicarbonate 178.5 mg , Sodium Chloride 350 mg, Potassium chloride 46.6 mg /sachet		Sachet, Oral powder	NP		

01.07. ANTIFLATULENT DRUGS

546041300	Simethicone	Tablets	40 - 60 mg	P		H
546012003	Simethicone	Oral Dropper	40mg/ 0.6ml 30ml/ Bottle	P		H

01.08. PREPARATIONS FOR HEMORRHOIDS

01.08.01. Soothing Preparations With Corticosteroids

546103800	Antihemorrhoidal (hydrocortisone + local anesthetic), astringent without Steroid	Ointment	≤ 1% + ≤ 2% 30 gm/ Tube	P	PHC	H
546105810	Antihemorrhoidal (hydrocortisone + local anesthetic), astringent without Steroid	Suppository	≤ 1% + ≤ 2%	P	PHC	H

01.08.02. Rectal Sclerosants

546105830	Oily phenol	Ampoule	5% 5ml	NP		

01.09. DRUGS AFFECTING INTESTINAL SECRETIONS

546091750	Pancreatin (pancreatic enzymes : protease + lipase + amylase)	Capsule OR Enteric coated tablet	200-400 I.U. + 5,000-10,000 I.U. + 5,000-10,000 I.U.	P		H

01.09.01. Drugs acting on the gall bladder

546012000	Ursodeoxycholic acid	Tablet	250 mg	P		H
546012002	Ursodeoxycholic acid	Suspension	250 mg/ 5 ml 60 - 120 ml/ Bottle	P		H

Chapter 2
Drugs used in the treatment of diseases of the CARDIOVASCULAR SYSTEM

Code No.	Item Specification	Dosage Form	Strength			
02. Drugs used in the treatment of diseases of the CARDIOVASCULAR SYSTEM						
02.01. POSITIVE INOTROPIC DRUGS						
02.01.01. Cardiac Glycosides						
544011005	Digoxin	Tablets	125 mcg	P		H
544011001	Digoxin	Tablets	250 mcg	P		H
544011020	Digoxin	Oral Dropper	50 mcg/ ml 60 ml/ Bottle	P		H
544014008	Digoxin	Ampoule	100 mcg	NP		
544014010	Digoxin	Ampoule	500 mcg	P		H
02.02. DIURETICS						
02.02.01. Thiazides and Related Diuretics						
544071460	Chlorthalidone	Tablets	50 mg	P		H
544071450	Hydrochlorothiazide	Tablets	25 mg	P	PHC	H
544071470	Indapamide (Sustainad Release)	Tablet	1.5 mg	P		H
544071477	Metolazone	Tablet	2.5 mg	P		H
544071472	Metolazone	Tablet	5 mg	P		H
544071478	Metolazone	Tablet	10 mg	P		H
02.02.02. Loop Diuretics						
544071475	Furosemide	Tablets	40 mg	P	PHC	H
544071480	Furosemide	Tablets	500 mg	P		H
544072495	Furosemide	Oral Solution	5 mg / 5 ml 100-150 ml	P		H
544074485	Furosemide	Ampoule	10 mg/ml (20 mg/ 2 ml)	P	PHC	H
544074490	Furosemide	Ampoule Or Vial	10 mg/ml (250 mg/ 25 ml)	P		H
02.02.03. Potassium-Sparing Diuretics and Combined Diuretics						
544071510	Spironolactone	Tablets	25 mg	P	PHC	H
544071513	Spironolactone	Oral Solution	25 mg / 5 ml	NP		

544071426	Triamterene + Hydrochlorothiazide	Tablets	50 mg + 25 mg	NP		
544071525	Amiloride HCL + Hydrochlorothiazide	Tablets	5 mg + 50 mg	P		H
02.02.04. Osmotic Diuretics						
544074535	Mannitol	Infusion Bottle	20% 250 ml Glass Bottle	P		H
02.03. ANTIARRHYTHMIC DRUGS						
02.03.01. Supraventricular Arrhythmias						
544061405	Adenosine	Vial	6 mg	P		H
02.03.02. Supraventricular and Ventricular Arrhythmias						
544061410	Amiodarone HCL	Tablet	200 mg	P		H
544064415	Amiodarone HCL	Ampoule	150 mg	P		H
544064417	Disopyramide phosphate	Capsule	100 - 150 mg	P		H
544064418	Disopyramide phosphate	Ampoule	50 mg	NP		
544061361	Procainamide HCL	Tablet OR Capsule	250 mg	P		H
544061355	Procainamide HCL (Sustainad Release)	Tablet	500 mg	P		H
544064360	Procainamide HCL	Vial	1 gm	P		H
544061300	Quinidine sulfate	Tablet	200 mg	P		H
544061302	Quinidine gluconate	Vial	80 mg/ ml	NP		
02.03.03. Ventricular Arrhythmias						
544064395	Bretylium tosylate	Ampoule	50 mg	P		H
544064385	Lidocaine HCL	Prefilled syringe	1% 100 mg 10 ml/ Syringe	P	PHC	H
544064388	Lidocaine HCL	Prefilled syringe	2%, 100 mg 5 ml/ Syringe	P		H
544064390	Lidocaine HCL	Premixed Bag	2 gm in 500 ml D5W	P		H
551064425	Lidocaine HCL (Preservative free)	Vial	20% 1 g/ 5ml	P		H
544061400	Mexiletine HCL	Capsule	200 mg	p		H
544064405	Mexiletine HCL	Ampoule	250 mg	P		H
02.04. BETA-ADRENOCEPTOR BLOCKING DRUGS						
544051201	Propranolol HCL	Tablet	10 mg	P		H

544051205	Propranolol HCL	Tablet	40 mg	P		H
544051209	Propranolol HCL	Syrup	10 mg/5 ml 100 ml	NP		
544054210	Propranolol HCL	Ampoule	1 mg	P		H
544051173	Atenolol	Tablet	50 mg	NP		
544051171	Atenolol	Tablet	100 mg	P	PHC	H
544054214	Esmolol HCL	Ampoule Or Vial	100 mg	P		H
544101795	Labetalol HCL	Tablet	100 mg	P		H
544101790	Labetalol HCL	Ampoule OR Vial	5 mg/ ml (100 mg/ 20 ml)	P		H
544051172	Carvedilol	Tablet	6.25 mg	P		H
544051206	Bisoprolol fumarate	Tablet	2.5 mg	NP		
544051180	Carvedilol	Tablet	25 mg	P		H
544051203	Bisoprolol fumarate	Tablet	5 mg	NP		
544051207	Metoprolol tartrate	Tablet	50 mg	P		H
544051208	Metoprolol tartrate	Ampoule	5 mg	P		H
544051253	Sotalol HCl	Tablet	80 mg	NP		
02.05 ANTIHYPERTENSIVE DRUGS						
02.05.01 Vasodilator Antihypertensive Drugs						
544104780	Diazoxide	Ampoule	300 mg	P		H
544104781	Diazoxide	Suspension	250 mg/ 5 ml 30 ml/ Bottle	P		H
544101725	Hydralazine Hclmesilate	Tablet	25 mg	P		H
544104730	Dihydralazine mesilate OR Hydralazine HCL	Ampoule	20 mg	P		H
544104770	Sodium nitroprusside	Ampoule OR Vial	50 mg	NP		
02.05.02. Centrally Acting Antihypertensive Drugs						
544101703	Clonidine HCL	Tablet	100 mcg	P		H
544101700	Methyldopa	Tablet	250 mg	P	PHC	H
02.05.03. Alpha-Adrenoceptor Blocking Drugs						
544101710	Prazosin HCL	Tablet	1 mg	P		H
544101715	Prazosin HCL	Tablet	5 mg	P		H
551031244	Tamsulosin HCL (Modified Release)	Tablet	400 mcg	P		H

02.05.04. Pheochromocytoma						
544104750	Phentolamine mesylate	Ampoule OR Vial	10 mg	p		H
02.05.05. Angiotensin-Converting Enzyme Inhibitors						
544101740	Captopril	Tablet	25 mg	P	PHC	H
544101741	Captopril	Suspension	25 mg/5 ml 100 ml	P		H
544101746	Enalapril maleate	Tablet	10 mg	P	PHC	H
544101747	Lisinopril	Tablet	10 mg	P	PHC	H
544101738	Fosinopril	Tablet	10 mg	NP		
544101745	Perindopril	Tablet	4 - 5 mg	P		H
02.05.06. Angiotensin II Receptor Antagonist						
544101750	Valsartan	Tablet	80 mg	P		H
544101749	Losartan potassium	Tablet	50 mg	P	PHC	H
544101757	Irbesartan	Tablet	150 mg	P		H
544101760	Telmisartan	Tablet	80 mg	P		H
02.06. Nitrates, Calcium-Channel Blockers, AND Peripheral Vasodilators						
02.06.01. Nitrates						
544021060	Nitroglycerin (24-hour effect dose)	Transdermal Patch	10 mg	P		H
544021055	Nitroglycerin	Sublingual Tablet	0.4 - 0.6 mg	P	PHC	H
544024051	Nitroglycerin	Ampoule Or Vial	50 mg	P		H
544021070	Isosorbide dinitrate	Sublingual Tablet	5 mg	P	PHC	H
544021075	Isosorbide dinitrate	Tablets	10 mg	P		H
544021080	Isosorbide dinitrate (Sustainad Release)	Tablet OR Capsule	20 mg	P	PHC	H
544021093	Ivabradine	Tablet	5 mg	P		H
02.06.02. Calcium-Channel Blockers						
544031110	Diltiazem HCL	Tablets	60 mg	P		H
544031112	Diltiazem HCL (Sustainad Release)	Tablet	90 mg	NP		
544031105	Nimodipine	Tablets	30 mg	NP		
544031120	Verapamil HCL	Tablets	40 mg	P		H
544031125	Verapamil HCL	Tablets	80 mg	P		H
544031126	Verapamil HCL (Sustainad Release)	Tablet	120 mg	NP		

544031128	Verapamil HCL	Oral Solution	40 mg / 5 ml 100 ml	NP	
544034130	Verapamil HCL	Ampoule	5 mg	P	H
544031097	Amlodipine Besilate	Tablet OR Capsule	5 mg	P	H
544031096	Felodipine Retard (Modified Release)	Tablets	5 mg	NP	
544031104	Nifedipine Retard (Modified Release)	Tablet OR Capsule	30 mg	P	H
544031102	Nifedipine Retard (Modified Release)	Tablet OR Capsule	20 mg	P	H
544031099	Amlodipine Besilate	Capsule	10 mg	NP	
544031098	Felodipine Retard (Modified Release)	Retard tablet	10 mg	NP	
544031107	Nifedipine Retard (Modified Release)	Tablet OR Capsule	60 mg	P	H
02.06.03. Peripheral Vasodilators					
544101718	Cinnarizine	Capsule	75 mg	P	H
544101717	Pentoxifylline	Capsule	400 mg	P	H
540051682	Papaverin	Vial	300 mg	P	H
02.07. SYMPATHOMIMETICS					
02.07.01. Inotropic Sympathomimetics					
544094600	Dobutamine HCL	Ampoule OR Vial	250 mg	P	H
544094605	Dobutamine HCL	Premixed Bag	500 mg IN 250 ml D5W Bag	P	H
544094610	Dopamine HCL	Ampoule OR Vial	200 mg	P	H
544094612	Dopamine HCL	Premixed Bag	800 mg IN 250 ml D5W Bag	P	H
544094640	Isoprenaline HCL (Isoproterenol HCL)	Ampoule	200 mcg/ ml (5 ml)	P	H
02.07.02. Vasoconstrictor Sympathomimetics					
544094650	Noradrenaline acid tartrate	Ampoule	4 mg	P	H
544094621	Adrenaline (Epinephrine)	Prefilled syringe	1:10,000 (100 mcg/ml) 10 ml	P	H
544094622	Racemic Epinephrine	Oral inhaler	2.25% 15-30ml	P	H

544094615	Ephedrine Hydrochloride	Ampoule	30 - 60 mg / ml	P	H
544094613	Ephedrine Hydrochloride	Ampoule	3 mg/ ml in 10 ml	NP	
544094617	Phenylephrine HCL	Ampoule	10 mg	P	H

02.08. ANTICOAGULANTS AND PROTAMINE

543024210	Heparin calcium	Ampoule	5,000 I.U.	P	H
543024201	Heparin sodium (Bovine)	Vial	25,000 I.U. / 5 ml	P	H
543021218	Warfarin sodium	Tablets	1 mg	P	H
543021220	Warfarin sodium	Tablets	2 mg	P	H
543021230	Warfarin sodium	Tablets	5 mg	P	H
543021231	Anagrelide	Capsule	500 mcg	NP	H
543021234	Rivaroxaban	Tablet	10 mg	P	H
543034240	Protamine sulfate	Ampoule	1% 50 mg/ 5ml	P	H
543034241	Dabigatran	Capsule	75 mg	NP	H
543034242	Dabigatran	Capsule	150 mg	NP	H

02.08.01. Low Molecular Weight Heparin (Treatment Dose) P H
Code No. (543024208) 6,000 - 20,000 I.U. (DVT, Pulmonary Embolism)

543024221	Tinzaparin sodium	Vial	20.000 I.U.
543024219	Tinzaparin sodium	Prefilled Syringe	18.000 I.U.
543024220	Tinzaparin sodium	Prefilled Syringe	14.000 I.U.
543024218	Tinzaparin sodium	Prefilled Syringe	10.000 I.U.
543024214	Enoxaparin	Prefilled Syringe	8,000 I.U.
543024217	Enoxaparin	Prefilled Syringe	6,000 I.U.
543024204	Dalteparin	Prefilled Syringe	7,500 I.U.
543024208	Dalteparin	Prefilled Syringe	10,000 I.U.

02.08.02. Low Molecular Weight Heparin (Treatment Dose) P H
(Cardiac Treatment Myocardial infarction, unstable coronary artery disease, Acute Coronary Syndrome)
Main Code No. (543024211) 8,000 - 20,000 I.U.

543024214	Enoxaparin	Prefilled Syringe	8,000 I.U.
543024208	Dalteparin	Prefilled Syringe	10,000 I.U.

02.08.03. Low Molecular Weight Heparin (Prophylaxis Dose High Risk) P H
Main Code No. (543024204) 4,000 - 7,500 I.U.

543024217	Tinzaparin sodium	Prefilled Syringe	4.500 I.U.
543024216	Enoxaparin	Prefilled Syringe	4.000 I.U.
543024217	Enoxaparin	Prefilled Syringe	6.000 I.U.
543024207	Dalteparin	Prefilled Syringe	5,000 I.U.

02.08.04. Low Molecular Weight Heparin (Prophylaxis Dose Moderate Risk) Main Code No. (543024207) 2,000 - 3,500 I.U.					**P**	**H**
543024212	Enoxaparin	Prefilled Syringe	2,000 I.U.			
543024213	Tinzaparin sodium	Prefilled Syringe	3,500 I.U.			
543024211	Dalteparin	Prefilled Syringe	2,500 I.U.			
02.09. ANTIPLATELET DRUGS						
545021160	Acetyl Salicylic Acid (Aspirin), (Enteric Coated)	Tablet	75-100 mg	P	PHC	H
543021233	Clopidogral	Tablets	75 mg	P		H
544041150	Tirofibin HCl	Vial	250 mcg / ml 50ml	P		H
544041152	Dipyridamol	Ampoule	20mg	P		H
02.10. FIBRINOLYTIC DRUGS						
543063182	Alteplase	Vial	50 mg	P		H
543063183	Reteplase	Set	10 mg	P		H
543044250	Streptokinase	Vial	250,000 I.U.	P		H
543044260	Streptokinase	Vial	750,000 I.U.	P		H
02.11. ANTIFIBRINOLYTIC DRUGS AND HEMOSTATICS						
02.11.01. ANTIFIBRINOLYTIC DRUGS AND HEMOSTATICS						
543064408	Ethamsylate(Etamsylate)	Ampoule	250 MG	NP		
543064407	Tranexamic acid	Tablet	500 mg	NP		
543064409	Aminocaproic acid	Tablet	500 mg	NP		
543064410	Tranexamic acid	Syrup	500 mg / 5 ml	NP		
543064411	Aminocaproic acid	Syrup	1250 mg / 5 ml 300-500 ml	NP		
543064401	Aminocaproic acid	Ampoule OR Vial	4 gm	P		H
543044254	Tranexamic acid	Ampoule	500 mg	P		H
02.11.02. Antihemophilic Agent						
543054315	Recombinant factor VIIa	Vial	1 mg	P		H
543054316	Recombinant factor VIIa	Vial	2 mg	P		H
543054317	Recombinant factor VIIa	Vial	5 mg	P		H
543054301	Factor VIII (Stable lyophilized concentrate)	Vial	250 I.U.	P		H
543054310	Factor VIII (Stable lyophilized concentrate)	Vial	1000 I.U.	P		H
543054302	Recombinant Factor VIII	Vial	250 I.U.	P		H
543054304	Recombinant Factor VIII	Vial	500 I.U.	NP		

543054303	Recombinant Factor VIII	Vial	1,000 I.U.	P		H
543054320	Factor IX fraction	Vial	500 I.U.	P		H
02.12. LIPID-LOWERING DRUGS						
544121850	Cholestyramine	Sachet, Oral powder	4 gm/ Packet	P		H
544104752	Gemfibrozil	Capsule or Tablet	600 mg	P		H
544121900	Simvastatin	Tablet	10 mg	P	PHC	H
544121905	Pravastatin	Tablet	20 mg	NP		
544121901	Atorvastatin	Tablet	10 mg	NP		
544121902	Simvastatin	Tablet	20 mg	P		H
544121906	Atorvastatin	Tablet	20 mg	P		H
544121916	Simvastatin	Tablet	40 mg	NP		
544121920	Atorvastatin	Tablet	40 mg	NP		
544121904	Rosuvastatin	Tablet	10 mg	P		H
544121907	Rosuvastatin	Tablet	20 mg	P		H
02.13. LOCAL SCLEROSANTS						
540041720	Ethanolamine	Tablet	250 mg	P		H
551094550	Ethanolamine oleate (Protected from Light)	Ampoule OR Vial	5% (5 ml)	P		H
02.14. ANTIOXIDANT AGENT						
544021076	Trimetazidine Dihydrochloride (Modified Release)	Tablet	35 mg	P		H
02.15. Pulmonary Arterial Hypertension						
544101735	Iloprost	Ampoule	20 mcg	P		H
551104571	Sildenafil	Tablet	20 mg	P		H
544101798	Bosentan	Tablet	62.5 mg	NP		H
544101799	Bosentan	Tablet	125 mg	NP		H

Chapter 3
Drugs used in the treatment of diseases of the RESPIRATORY SYSTEM

Code No.	Item Specification	Dosage Form	Strength			
03. Drugs used in the treatment of diseases of the RESPIRATORY SYSTEM						
03.01. BRONCHODILATORS						
3.1.1. Selective Beta2-Adrenoceptor Stimulants						
549012020	Salbutamol	Syrup	2 mg/5 ml, 100-150 ml	P		H
549016040	Salbutamol metered dose inhalations	Inhaler	100 mcg/puff (200 doses)	P	PHC	H
549012030	Salbutamol	Nebulization Solution	0.5% 20 ml/ Bottle	P	PHC	H
03.01.02. long Acting β2 Agonists (LABA) with Corticosteroids						
549016044	Salmeterol + Fluticasone Propionate	Inhaler metered dose	25 mcg + 50 mcg 120 doses	P		H
549016046	Salmeterol + Fluticasone Propionate	Inhaler metered dose	25 mcg + 125 mcg 120 doses	P	PHC	H
549066409	Formoterol + Budesonide Turbuhaler	Turbuhaler	4.5 mcg + 160 mcg 120 doses	P		H
549016045	Salmeterol + Fluticasone Propionate	Diskus	50 mcg + 250 mcg 60 doses	P		H
549016050	Salmeterol + Fluticasone Propionate	Inhaler	25 mcg + 250 mcg 120 doses	NP		
03.01.03. Antimuscarinic						
549016100	Ipratropium bromide	Inhaler metered dose	20 mcg/Puff 200 doses	P		H
549016110	Ipratropium bromide	Nebulization Solution (Unit dose ampoule)	0.025% 2 ml 500 mcg	P		H

549016120	Tiotropium	Inhalation powder, Hard Capsule	18 mcg	P		H
03.01.04. Theophylline						
549011228	Theophylline anhydrous	Capsule or tablet	100-125 mg			
549011230	Theophylline anhydrous (Sustained Release)	Tablet OR Capsule	300 mg	P		H
549012240	Theophylline	Syrup	60 - 65 mg base/5 ml	P		H
549014250	Aminophylline	Ampoule	250 mg 10 ml	P		H
03.02. CORTICOSTEROIDS						
549066430	Fluticasone Propionate	Inhaler	50 mcg 120 doses	P		H
549066411	Fluticasone Propionate	Inhaler	125 mcg 120 doses	P		H
549066415	Budesonide Turbuhaler	Inhaler	200 mcg 200 doses	P	PHC	H
549066412	Budesonide	Nebulization Solution	500 mcg / 2 ml	P		H
03.03. CROMOGLYCATE						
549023320	Sodium cromoglycate	Inhaler	5 mg 112 doses	P		H
03.04. Antihistamines AND Allergic Emergencies						
03.04.01. Nonsedative Antihistamines						
545031523	Non Sedating Antihistamine Tablet (Cetirizine, Loratadine, Desloratadine, OR Astemizole)	Tablet	10 mg	P	PHC	H
549041400	Non Sedating Antihistamine Syrup (Cetirizine, Loratadine, OR Desloratadine)	Syrup	5 mg / 5 ml 100 ml	NP		
03.04.02. Sedative Antihistamines						
549041450	Chlorpheniramine maleate	Tablet	4 mg	P		H

549042460	Chlorpheniramine maleate	Syrup	2 mg / 5 ml (100 ml/ Bottle)	P	PHC	H
545031551	Diphenhydramine HCL	Syrup	12.5 mg / 5 ml (100 ml/ Bottle)	NP		
545031555	Diphenhydramine HCL	Capsule	25 mg	NP		
545031556	Diphenhydramine HCL	Vial	100 mg	NP		
545031550	Promethazine HCL	Tablet	25 mg	P		H
545031553	Promethazine HCL	Syrup	5 mg / 5 ml 100 ml	P		H
545034555	Promethazine HCL	Ampoule	50 mg	P	PHC	H
545031547	Meclozine + vitamin B6	Tablet	25 mg + 50 mg	NP		
03.04.03. Anaphylaxis						
544094620	Adrenaline HCL (Subcutaneous or Intramuscular)	Ampoule	1:1,000 (1 mg/ml) 1 ml	P	PHC	H
03.05. PULMONARY SURFACTANTS						
549086750	Beractant, phospholipid	Vial	200 mg	P		H
549086752	Pumactant phospholipid	Vial	100 mg	NP		
03.06. COUGH SUPPRESSANTS, EXPECTORANTS AND DECONGESTANTS						
549072620	Dextromethorphan	Syrup	15 mg/ 5 ml 60-100 ml/ Bottle	P		H
549072700	Diphenhydramine HCL, Ammonium chloride and Sodium citrate	Syrup	100 ml/ Bottle	P		H
549062550	Pseudoephedrine HCL 30 mg + Antihistamine	Syrup	60 - 100 ml	P		H
549062570	Pseudoephedrine HCL 60 mg + Antihistamine		Capsule or tablet	P		H
03.07. Leukotriene receptors antagonist						
549021277	Montelukast Sodium	Granules	4 mg	P		H
549021275	Montelukast Sodium	Chewable tablet	5 mg	P		H

549021278	Montelukast Sodium	Tablet	10 mg	P	H
549021281	Natalizumab	Vial	20mg/ ml 15ml	P	H

Chapter 4
Drugs acting on the CENTRAL NERVOUS SYSTEM

Code No.	Item Specification	Dosage Form	Strength			
04. Drugs acting on the CENTRAL NERVOUS SYSTEM						
04.01. HYPNOTICS AND ANXIOLYTICS						
04.01.01. Hypnotics						
545031349	Nitrazepam	Tablet	5 mg	NP		
545031357	Nitrazepam	Suspention	2.5 mg / 5 ml 150 ml	NP		
545031390	Temazepam	Capsule	15 mg	NP		
545031391	Chloral hydrate	Syrup	200 mg / 5 ml 100 ml	NP		
545030451	Zolpidem tartrate	Tablet	10 mg	P		H
04.01.02. Anxiolytics						
545031360	Diazepam	Tablet	2 mg	P		H
545031370	Diazepam	Tablet	5 mg	P	PHC	H
545032380	Diazepam	Syrup	2 mg / 5 ml 100 ml	P		H
545064870	Diazepam	Ampoule	10 mg	P		H
545031365	Diazepam	Rectal tube	5 mg	P	PHC	H
545031367	Diazepam	Rectal tube	10 mg	P		H
545031368	Diazepam	Suppository	10 mg	NP		
545034625	Midazolam	Ampoule	5 mg	P		H
545034620	Midazolam	Syrup	2 mg / ml 120 ml	P		H
545031627	Alprazolam	Tablet	250 mcg	P		H
545031626	Alprazolam	Tablet	500 mcg	P		H
545031628	Riluzole	Tablet	50 mg	P		H
545031350	Lorazepam	Tablet	1 mg	P		H
545031359	Chlordiazepoxide HCL	Tablet	25 mg	P		H
545021352	Lorazepam	Ampoule	2 mg	P		H
545021354	Lorazepam	Ampoule	4 mg	NP		
04.01.03. Barbiturates						
545021355	Amobarbital	Vial	500 mg	NP		

04.02. ANTIPSYCHOTIC AND ANTIMANIC DRUGS

04.02.01. Antipsychotic Drugs

545031500	Chlorpromazine HCL	Tablet	25 mg	P	H
545031505	Chlorpromazine HCL	Tablet	100 mg	P	H
545034510	Chlorpromazine HCL	Ampoule	25 mg	P	H
545031538	Clozapine	Tablet	25 mg	P	H
545031539	Clozapine	Tablet	100 mg	P	H
545031638	Flupenthixol	Tablet	500 mcg	NP	
545034640	Flupenthixol	Ampoule	20 mg	P	H
545034570	Fluphenazine decanoate	Ampoule	25 mg	P	H
545031600	Haloperidol	Tablet	1.5 mg	P	H
545031605	Haloperidol	Tablet	5 mg	P	H
545031610	Haloperidol	Tablet	10 mg	P	H
545032620	Haloperidol	Dropper	10 mg / 5 ml 15 ml	P	H
545034615	Haloperidol	Ampoule	5 mg	P	H
545034618	Haloperidol decanoate	Ampoule	50 mg	P	H
545031536	Risperidone	Tablet	2 mg	P	H
545031534	Risperidone	Tablet	4 mg	P	H
545032550	Risperidone	Oral Solution	5 mg / 5 ml 100 ml/Bottle	P	H
545031527	Risperidone, for IM	Vial	25mg	P	H
545031529	Risperidone, for IM	Vial	37.5 mg	P	H
545031525	Risperidone, for IM	Vial	50 mg	P	H
545031531	Sulpiride	Tablet Or Capsule	50 mg	P	H
545031385	Sulpiride	Tablet	200 mg	P	H
545031585	Trifluoperazine HCL	Tablet Or Capsule	2 mg	P	H
545031590	Trifluoperazine HCL	Tablet Or Capsule	5 mg	P	H
545031593	Trifluoperazine HCL	Tablet Or Capsule	15 mg	P	H
545031378	Olanzapine	Tablet	5 mg	P	H
545031379	Olanzapine	Tablet	10 mg	P	H
545031380	Olanzapine	Vial	10 mg	NP	H

545031587	Zuclpopenthixol acetate (I.M)	Ampoule	50 mg	P		H
545031589	Aripiprazole	Tablet	10 mg	NP		
545031382	Aripiprazole	Tablet	15 mg	P		H
545031353	Quetiapine	Tablet	100 mg	P		H
545031354	Quetiapine	Tablet	200 mg	P		H
545031356	Quetiapine	Tablet	300 mg	P		H
545031403	Zuclopenthixol	Tablet	10 mg	P		H
545031542	Paliperidone	Tablet	3 mg	P		H
545031544	Paliperidone	Tablet	6 mg	P		H
04.02.02. Antimanic Drugs						
545031630	Lithium carbonate	Tablet	300 - 450 mg	P		H
04.03. ANTIDEPRESSANT DRUGS						
04.03.01. Tricyclic and Related Drugs						
545031400	Amitriptyline HCL	Tablet	10 mg	P		H
545031410	Amitriptyline HCL	Tablet	25 mg	P		H
545031420	Amitriptyline HCL	Tablet	50 mg	P		H
545031421	Amitriptyline HCL	Syrup	25 mg / 5 ml 150 ml	NP		
545031430	Clomipramine HCL	Capsule OR Tablet	10 mg	P		H
545031435	Clomipramine HCL	Capsule OR Tablet	25 mg	P		H
545031440	Clomipramine HCL	Capsule	50 mg	NP		
545031450	Imipramine HCL	Tablet	10 mg	P	PHC	H
545031455	Imipramine HCL	Tablet	25 mg	P	PHC	H
04.03.02. Related Antidepressants						
545031470	Maprotiline HCL	Tablet	25 mg	P		H
545031401	Trazodone	Tablet	100 mg	P		H
04.03.03. Monoamine-Oxidase Inhibitors						
545031478	Moclobemide	Tablet	150 mg	NP		
04.03.04. Selective Serotonin Re-Uptake Inhibitors						
545034638	Fluoxetine	Capsule	20 mg	P	PHC	H
545031636	Fluvoxamine maleate	Tablet	50 mg	P	PHC	H
545031631	Citalopram hydrobromide	Tablet	20 mg	P	PHC	H
545031632	Escitalopram	Tablet	10 mg	P		H
545031642	Fluvoxamine maleate	Tablet	100 mg	NP		

04.03.05. Norepinephrine Serotonin re-uptake inhibitors (NSRI)						
545031635	Mirtazapine	Tablet	30 mg	P		H
545031641	Venlafaxine HCL (Sustained Release)	Tablet OR Capsule	75 mg	P		H
545031358	Venlafaxine HCL (Sustained Release)	Tablet OR Capsule	150 mg	P		H
545051830	Duloxetine	Capsule	60 mg	P		H
04.04. CENTRAL NERVOUS SYSTEM STIMULANTS						
545021066	Methylphenidate	Tablet	10 mg	P		H
545021065	Methylphenidate	Tablet	18 mg	P		H
04.05. DRUGS USED IN NAUSEA AND VERTIGO						
04.05.01. Antihistamines						
546061422	Dimenhydrinate	Tablet	50 mg	NP		
546061433	Betahistine dihydrochloride	Tablet	8 mg	P		H
04.05.02. Metoclopramide and Domperidone						
546051400	Metoclopramide HCL	Tablet	10 mg	P	PHC	H
546054420	Metoclopramide HCL	Ampoule	10 mg	P	PHC	H
546053430	Metoclopramide HCL	Suppository	10 mg	P		H
546052404	Domperidone	Suspension	5 mg/ 5 ml 200 ml/ Bottle	P		H
04.05.03. Specific 5-HT3 Serotonin Antagonists						
546031435	Ondansetron	Tablet	4 mg	P		H
546031436	Granisetron	Tablet	1 mg	NP		
546054382	Ondansetron	Ampoule	4 mg	P		H
546031439	Granisetron	Ampoule	3 mg	NP		
546031440	Ondansetron	Syrup	4 mg / 5 ml 50 ml/ Bottle	P		H
04.06. ANALGESICS						
04.06.01. Nonopioid Analgesics						
545021150	Acetyl Salicylic Acid (Aspirin)	Tablet	500 mg	P		H
545021100	Paracetamol	Tablet	500 mg	P	PHC	H
545021105	Paracetamol	Vial OR Bag	10 mg / ml (1 gm)	P		H
545022105	Paracetamol (Alcohol Free)	Syrup	120 mg / 5 ml 60 - 100 ml/ Bottle	P	PHC	H
545022110	Paracetamol	Dropper	500 mg / 5 ml 15 ml	NP		
545023115	Paracetamol	Suppository	100 - 150 mg	P	PHC	H

545023120	Paracetamol	Suppository	500 - 650 mg	P		H
545021119	Paracetamo + Codeine	Tablet	300 - 500 mg + 30 mg	P		H
545021120	Paracetamol + Codeine	Tablet	300mg + 8 mg	P		H
04.06.02. Opioid Analgesics						
545021052	Morphine sulfate (Sustained Release)	Tablet	10 mg	P		H
545021054	Morphine sulfate (Sustained Release)	Tablet	30 mg	P		H
545024053	Morphine sulfate	Solution	10 mg/5 ml 100 ml	P		H
545024051	Morphine sulfate	Ampoule	10 mg	P	PHC	H
545021124	Codeine phosphate	Tablet	30 mg	P		H
545021055	Codeine phosphate	Syrup	25 mg / 5 ml 100 ml/ Bottle	P		H
545024065	Fentanyl citrate	Ampoule	100 mcg	P		H
545021062	Methadone HCL	Tablet	5 mg	P		H
545021063	Nalbuphine HCL	Ampoule	10 mg	NP		
545024085	Nalbuphine HCL	Ampoule	20 mg	P		H
545024055	Pethidine HCL	Ampoule	50 mg	P		H
545024060	Pethidine HCL	Ampoule	100 mg	P		H
545021001	Transdermal Fentanyl	Hour Patch	25 mcg	P		H
545021002	Transdermal Fentanyl	Hour Patch	50 mcg	P		H
545021004	Morphine sulphate concentrated oral solution	Oral Solution	100 mg / 5 ml 120 ml	NP		
545021013	Morphine sulphate	Suppository	15 mg	NP		
545021014	Morphine sulphate	Suppository	30 mg	NP		
545021091	Tramadol HCL	Capsule	50 mg	P		H
545024089	Tramadol HCL	Ampoule	100 mg	P		H
545021011	Buprenorphine	Sublingual tablet	2 mg	NP		
545021012	Buprenorphine	Sublingul tablet	80 mg	NP		
545024064	Fentanyl citrate	Vial	500 mcg	P		H
04.06.03. Antimigraine Drugs						
545024325	Ergotamine tartarate	Tablet	1 mg	P		H

545024323	Sumatriptan	Tablet	50 mg	NP		
545021323	Sumatriptan	Tablet	100 mg	P	PHC	H
545024324	Sumatriptan	Prefilled syringe	6 mg	NP		
04.07. ANTIEPILEPTICS						
545051810	Carbamazepine	Tablet	200 mg	P	PHC	H
545051813	Carbamazepine	Sustained release tablet	200 mg	NP		
545052815	Carbamazepine	Syrup	100 mg/5 ml liquid, 100 ml/ Bottle	P		H
545051775	Ethosuximide	Tablet	250 mg	P		H
545052780	Ethosuximide	Syrup	250 mg / 5 ml 200	P		H
545051815	Lamotrigine	L iquid Tablet	25 mg	NP		
545051817	Lamotrigine	Tablet	50 mg	P		H
545051818	Lamotrigine	Tablet	100 mg	P		H
545051700	Phenobarbital (Phenobarbitone)	Tablet	10 mg	P		H
545051705	Phenobarbital (Phenobarbitone)	Tablet	30 mg	P		H
545051710	Phenobarbital (Phenobarbitone)	Tablet	50 mg	P		H
545051715	Phenobarbital (Phenobarbitone)	Tablet	100 mg	P		H
545051716	Phenobarbital (Phenobarbitone)	Alcohol-free liquid	15 mg / 5 ml 100-150 ml	NP		
545054725	Phenobarbital (Phenobarbitone)	Ampoule	40 - 65 mg	P		H
545054730	Phenobarbital (Phenobarbitone)	Ampoule OR Vial	200 mg	P		H
545054731	Primidone	Tablet	250 mg	NP		
545051748	Phenytoin sodium	Capsule	50 mg	NP		
545051750	Phenytoin sodium	Capsule	100 mg	P	PHC	H
545054760	Phenytoin sodium	Vial	250 mg	P		H
545051800	Sodium valproate	Tablet	200 mg	P	PHC	H
545051802	Sodium valproate (Slow Release)	Tablet	500 mg	P	PHC	H

545052805	Sodium valproate	Syrup	288 mg / 5 ml 100 150 ml/ Bottle	P	H
545051787	Clonazepam	Tablet	500 mcg	NP	
545051785	Clonazepam	Tablet	2 mg	P	H
545054595	Clonazepam	Oral Dropper	12.5 mg / 5 ml 10 ml/ Bottle	P	H
545051807	Clonazepam	Ampoule	1 mg	P	H
545051784	Gabapentin	Capsule	300 mg	NP	
545051816	Pregabalin	Capsule	75 mg	P	H
545051812	Pregabalin	Capsule	150 mg	P	H
545051824	Pregabalin	Capsule	300 mg	P	H
545051783	Vigabatrin	Tablet	500 mg	P	H
545051790	Topiramate	Tablet	25 mg	P	H
545051789	Topiramate	Tablet	100 mg	P	H
545051791	Topiramate	Capsule	15 mg	NP	
545051822	Levetiracetam	Syrup	500 mg / 5 ml 300 ml	P	H
545051819	Levetiracetam	Tablet	500 mg	P	H
04.08. DRUGS USED IN PARKINSONISM AND RELATED DISORDERS					
04.08.01. Dopaminergic Drugs					
551111596	Pramipexole	Tablet	0.25 mg	P	H
545071956	Amantadine HCL	Capsule	100 mg	NP	
545071983	Selegiline HCL	Tablet	5 mg	NP	
04.08.02. Antimuscarinic Drugs					
545071900	Benzhexol HCL	Tablet	2 mg	P	H
545071905	Benzhexol HCL	Tablet	5 mg	P	H
545071925	Benztropine mesylate	Tablet	2 mg	P	H
545074930	Benztropine mesylate	Ampoule	2 mg	p	H
545071902	Procyclidine hydrochloride	Tablet	5 mg	P	H
545071985	Procyclidine hydrochloride	Ampoule	10 mg	NP	
04.09. Drugs for Dementia					
04.09.01. N-methyl-d-Aspartate Receptor Antagonist					
545071926	Memantine HCL	Tablet	10 mg	P	H

04.10. Drug for Smoking cessation

545031402	Bupropion	Tablet	150 mg	P	H
545021005	Nicotine (24-hour effect dose)	Transdermal Patch	7 mg	NP	
545021006	Nicotine (24-hour effect dose)	Transdermal Patch	14 mg	NP	
545021007	Nicotine (24-hour effect dose)	Transdermal Patch	21 mg	NP	

04.11. Drug for Torsion dystonias and other involuntary movements

545032625	Botulinum toxin type A complex	Vial	100 I.U.	NP	

Chapter 5
Drugs used in the treatment of INFECTIONS

Code No.	Item Specification	Dosage Form	Strength			
5. Drugs used in the treatment of INFECTIONS						
05.01. ANTIBACTERIAL DRUGS						
05.01.01. Penicillins						
540014001	Penicillin benzathine (Penicillin G)	Vial	1,000,000 I.U.	P	PHC	H
540014020	Penicillin benzathine (Penicillin G)	Vial	1,200,000 I.U.	P		H
540011055	Phenoxymethyl Penicillin (Penicillin V potassium)	Tablet	250 mg	P	PHC	H
540012050	Phenoxymethyl Penicillin (Penicillin V potassium)	Suspension	250 mg / 5 ml 100 ml/ Bottle	P	PHC	H
05.01.02. Penicillinase-Resistant Penicillins						
540011110	Cloxacillin sodium	Vial OR Ampoule	250 mg	P		H
540011111	Flucloxacillin sodium	Vial OR Ampoule	250 mg	P		H
540011084	Flucloxacillin sodium	Capsule	250 mg	P	PHC	H
540011085	Cloxacillin sodium	Capsule	250 mg	P	PHC	H
540011079	Flucloxacillin sodium	Capsule	500 mg	P		H
540011080	Cloxacillin sodium	Capsule	500 mg	P		H
540012105	Flucloxacillin sodium	Suspension	125 mg / 5 ml 100 ml/ Bottle	P		H
540012090	Cloxacillin sodium	Suspension	125 mg / 5 ml 100 ml/ Bottle	P		H
05.01.03. Broad-Spectrum Penicillins						
540011150	Amoxicillin trihydrate	Capsule	250 mg	P	PHC	H
540011155	Amoxicillin trihydrate	Capsule	500 mg	P		H
540012160	Amoxicillin trihydrate	Suspension	250 mg / 5 ml 100 ml	P	PHC	H

540012165	Amoxicillin trihydrate	Dropper	500 mg/ 5 ml 15 ml	NP		
540011170	Amoxicillin trihydrate + Clavulanate potassium	Tablet	250 mg + 125mg	P	PHC	H
540014174	Amoxicillin trihydrate + Clavulanate potassium	Tablet	875 mg + 125mg	NP		
540012175	Amoxicillin trihydrate + Clavulanate potassium	Suspension	125 mg + 31 mg / 5 ml 100 ml	P	PHC	H
540014176	Amoxicillin trihydrate + Clavulanate potassium	Suspension	400 mg + 47 mg / 5 ml 100 ml	NP		
540014178	Amoxicillin trihydrate + Clavulanate potassium	Vial	500 mg + 100 mg	P		H
540014135	Ampicillin sodium	Vial	500 mg	P		H
540014140	Ampicillin sodium	Vial	1 gm	P		H
05.01.04. Antipseudomonal Penicillins						
540014197	Piperacillin + Tazobactam	Vial	2 gm + 0.25 gm	P		H
540014199	Piperacillin + Tazobactam	Vial	4 gm + 0.5 gm	P		H
05.01.05. Cephalosporins and Cephamycins						
540011230	Cefaclor	Tablet OR Capsule	250 mg	NP		
540011232	Cefuroxime	Tablet OR Capsule	250 mg	P		H
540011234	Cefaclor	Suspension	250 mg / 5 ml	NP		
540012248	Cefuroxime	Suspension	250 mg / 5 ml	NP		
540014250	Cefotaxime sodium	Vial	1 gm	P		H
540014260	Ceftazidime pentahydrate	Vial	1 gm	P		H
540014256	Ceftriaxone sodium	Vial	1 gm	P		H
540014245	Cefuroxime sodium	Vial	750 mg	P		H
540011200	Cephalexin monohydrate	Capsule	250 mg	P		H
540011201	Cephradine	Capsule	250 mg	P		H
540012210	Cephalexin monohydrate	Suspension	250 mg / 5 ml	NP		

540012211	Cephradine	Suspension	250 mg / 5 ml	NP		
540012208	Cephalexin monohydrate	Suspension	250 mg / 5 ml	P		H
540012208	Cephradine	Suspension	250 mg / 5 ml	P		H
540014220	Cephradine	Vial	500 mg	P		H
540014230	Cephradine	Vial	1 gm	P		H
540014248	Cefepime hydrochloride	Vial	1 gm	P		H
540014255	Cefepime hydrochloride	Vial	2 gm	P		H
540014253	Cefixime	Suspension	100 mg / 5 ml	NP		
05.01.06. Carbapenem						
540014265	Imipenem + Cilastatin	Vial	500 mg + 500 mg	P		H
540014262	Meropenem	Vial	500 mg	P		H
05.01.07. Tetracyclines						
540011300	Tetracycline	Tablet or Capsule	250 mg	P	PHC	H
540014310	Tetracycline	Vial	250 mg	P		
540011320	Doxycycline HCL	Tablet or Capsule	100 mg	P	PHC	H
540011330	Minocycline HCL	Tablet or Capsule	100 mg	P		
540011301	Tigecycline	Vial	50 mg	NP		
05.01.08. Aminoglycosides						
540014395	Gentamicin sulfate	Ampoule or Vial	20 mg	P		H
540014405	Tobramycin sulfate	Ampoule or Vial	20 mg	NP		
540014390	Gentamicin sulfate	Ampoule or Vial	80 mg	P		H
540014400	Tobramycin sulfate	Ampoule or Vial	80 mg	NP		
540014425	Amikacin sulfate	Ampoule or Vial	100 mg	P		H
540014420	Amikacin sulfate	Ampoule or Vial	500 mg	P		H
540011610	Neomycin sulfate	Tablet	500 mg	NP		
05.01.09. Macrolides						
540011340	Erythromycin ethylsuccinate or stearate	Tablet	250 mg	P		H
540012345	Erythromycin ethylsuccinate	Suspension	200 mg/5 ml 100 ml	P		H

540014350	Erythromycin lactobionate or gluceptate	Vial	1 gm	P		H
540011343	Azithromycin	Tablet or Capsule	250 mg	P	PHC	H
540011344	Clarithromycin	Tablet or Capsule	250 mg	NP		
540012348	Azithromycin	Suspension	200 mg / 5 ml 15 ml	P	PHC	H
540012346	Clarithromycin	Suspension	125 mg / 5 ml 70 ml	NP		
05.01.10. Clindamycin						
540014383	Clindamycin	Capsule	300 mg	NP		
540014380	Clindamycin phosphate	Ampoule	300 mg	P		H
05.01.11. Other Antibiotics						
540014360	Spectinomycin HCL	Vial	2 gm	P		H
540011355	Spiramycin	Tablet	750,000 I.U.	P		H
540014370	Vancomycin HCL	Vial	500 mg	P		H
540014426	Colistin Sulphomethate Sodium	Vial	2,000,000 I.U	P		H
540014371	Linezolid	Tablet	600 mg	P		H
540014377	Linezolid	Premixed Bag	600 mg 300 ml/ Bag	P		H
540014379	Linezolid	Suspension	100 mg/ 5 ml 150ml/ Bottle	P		H
05.01.12. Sulfonamides and Trimethoprim						
540071830	Trimethoprim + Sulfamethoxazole	Tablet	160 mg + 800 mg	P	PHC	H
540072840	Trimethoprim + Sulfamethoxazole	Suspension	40 mg + 200 mg/5 ml 50 ml/ Bottle	P	PHC	H
540074850	Trimethoprim + Sulfamethoxazole	Ampoule	80 mg + 400 mg	P		H
540074851	Sulfadiazine	Tablet	500 mg	NP		
05.01.13. Antituberculous Drugs						
540041722	Cycloserine	Capsule OR Tablet	250 mg	P		H
540041690	Ethambutol HCL	Tablet	400 mg	P	PHC	H
540041689	Ethionamide	Tablet	250 mg	NP		
540041670	Isoniazid (INH)	Tablet	100 mg	P		H
540041671	Isoniazid (INH)	Syrup	50 mg/ 5 ml 450 ml/ Bottle	NP		
540044672	Isoniazid (INH)	Ampoule or Vial	50 mg	NP		
540041715	Para-amino salicylate sodium	Tablet	500 mg	P		H

540041700	Pyrazinamide	Tablet	500 mg	P	PHC	H
540041650	Rifampicin	Capsule	150 mg	P		H
540041655	Rifampicin	Capsule	300 mg	P	PHC	H
540042665	Rifampicin	Syrup	100 mg / 5 ml 100 ml	P		H
540044660	Rifampicin	Vial	300 mg	P		H
540230680	Rifampicin + Isoniazid	Tablet	300 mg + 150 mg	P		H
540014396	Kanamycin	Vial	1 gm	P		H
540041701	Prothionamide	Tablet	250 mg	P		H
540044710	Streptomycin sulfate	Vial	1 gm	P	PHC	H
540041702	Thiacetazone	Tablet	50 mg	P		H
540044712	Thiacetazone	Tablet	75 mg	P		H
540230750	Rifabutine (Rifampin)	Tablet	150 mg	NP		
540014397	Capreomycin	Vial	1gm	P		H
05.01.14. Antileprotic Drugs						
550061850	Clofazimin	Capsule	50 mg	P		H
540041730	Dapsone	Tablet	100 mg	P		H
05.01.15. 4-Quinolones						
540230430	Ciprofloxacin	Tablet	250 mg	NP		
540230433	Ciprofloxacin	Tablet	500 mg	P	PHC	H
540014366	Ciprofloxacin (as Lactate)	Infusion solution	200 mg/ 100 ml Bottle	P		H
540011326	Ofloxacin	Tablet	200 mg	P		
540011368	Norfloxacin	Tablet	400 mg	NP		
540011327	Moxifloxacin hydrochloride	Tablet	400mg	P		H
540011333	Moxifloxacin hydrochloride	Vial	400 mg/ 250 ml	NP		
540011329	Levofloxacin	Tablet	500 mg	NP		
540011331	Levofloxacin	Tablet	750 mg	NP		
540011332	Levofloxacin (Infusion in D5W)	Premixed infusion	500mg / 100ml	NP		
05.01.16. Antibiotics for Urinary Tract Infections						
540061800	Nitrofurantoin	Tablet or Capsule	100 mg	P	PHC	H
540062810	Nitrofurantoin	Suspension	25 mg / 5 ml	P		H

05.02. ANTIFUNGAL DRUGS						
05.02.01. Polyene Antifungals						
540024495	Amphotericin B (Encapsulated liposomes)	Vial	50 mg	P		H
540021450	Nystatin	Tablet	500,000 I.U.	NP		
540022460	Nystatin	Suspension	100,000 I.U. / 1 ml 30 - 60 ml	P	PHC	H
05.02.02. Imidazole Antifungals						
540021500	Fluconazole	Tablet OR Capsule	50 mg	P		H
540021515	Fluconazole	Suspension	50 mg / 5ml 35 ml	P		H
540021520	Fluconazole	Vial	50 mg	P		H
540021478	Itraconazole	Capsule	100 mg	P		H
540021480	Ketoconazole	Tablet	200 mg	NP		
540022465	Voriconazole	Vial	200 mg	NP		
540021479	Voriconazole	Tablet	200 mg	NP		
540023503	Miconazole	Oral Gel	2% 20mg/ gm 5 - 10 gm/ Tube	P		H
05.02.03. Other Antifungals						
540021510	Griseofulvin micronized	Tablet	500 mg	NP		
540022520	Griseofulvin micronized	Suspension	125 mg / 5 ml 100 ml	NP		
540021482	Terbinafine	Tablet	250 mg	P		H
540021507	Fluconazole	Capsule	150 mg	NP		
05.02.04. Echinocandins						
540022469	Caspofungin Acetate	Vial	50 mg	NP		
540022466	Micafungin Sodium	Vial	50 mg	NP		
05.03. ANTIVIRAL DRUGS						
05.03.01. Drugs for Herpes Simplex and Varicella-Zoster Viruses						
540051770	Acyclovir	Tablet	200 mg	P	PHC	H
540051762	Acyclovir	Suspension	200 mg / 5 ml 125 ml	P		H
540054760	Acyclovir	Vial	250 mg	P		H
540051764	Valaciclovir HCL	Tablet	500 mg	P		H
05.03.02. Drugs for Human Immunodeficiency Virus						
05.03.02.01. Nucleotide Reverse Transcriptase Inhibitors (NRTIs)						
540051775	Zidovudine (Azidothymidine, AZT)	Capsule	100 mg	P		H

540052777	Zidovudine (Azidothymidine, AZT)	Syrup	50 mg / 5 ml 200 ml/ Bottle	P	H
540054770	Zidovudine (Azidothymidine, AZT)	Vial	200 mg	P	H
540054774	Zidovudine (Azidothymidine, AZT)	Tablet	300 mg	P	H
540051792	Didanosine	Enteric coated capsule	400 mg	P	H
540051789	Didanosine	Enteric coated capsule	125 mg	P	H
540052793	Didanosine powder for oral solution	Oral Solution	2 gm	P	H
540052791	Lamivudine	Syrup	50 mg / 5ml (240 ml)	P	H
540051777	Lamivudine	Tablet OR Capsule	100 mg	P	H
540011378	Lamivudine	Tablet OR Capsule	150 mg	P	H
540051780	Zidovudine + Lamivudine	Tablet	300 mg + 150 mg	P	H
540051765	Abacavir sulfate + Lamivudine + Zidovudine	Tablet	300mg + 150mg + 300 mg	NP	
540051760	Tenofovir disoproxil fumurate	Tablet	300 mg	P	H
540051766	Tenofovir disoproxil fumurate + Emtricitabine	Tablet	300mg + 200mg	P	H
540051793	Tenofovir disoproxil fumurate + Emtricitabine + Efavirenz	Tablet	245 mg + 200 mg + 600mg	NP	
540051701	Emtricitabine	Capsule	200 mg	P	H
540051703	Emtricitabine	Oral Solution	10 mg /ml 170ml	NP	
05.03.02.02. Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)					
540051796	Efavirenz	Tablet	600 mg	P	H
540052797	Efavirenz	Syrup	30 mg/ ml Bottle	P	H
540052788	Etravirine	Tablet	100 mg	P	H
05.03.02.03. Protease Inhibitors (PIs)					
540051774	Lopinavir + Ritonavir	Tablet	200 mg + 50 mg	P	H
540052796	Lopinavir + Ritonavir	Oral Solution	80 mg + 20 mg / 1 ml (160 ml/Bottle)	P	H
540051784	Nelfinavir	Tablet	250 mg	NP	
540052794	Nelfinavir	Oral Suspension	50 mg / 5 g Powder 144 ml	NP	
540051761	Atazanavir sulfate	Capsule	200 mg	P	H
540051753	Darunavir	Tablet	300 mg	NP	

540051755	Darunavir	Tablet	400 mg	P		H
540052778	Darunavir	Tablet	600 mg	P		H
540052787	Ritonavir	Tablet	100 mg	P		H
540051779	Lopinavir + Ritonavir	Tablet	100 mg + 25 mg	P		H
540051773	Indinavir	Capsule	400 mg	NP		
05.03.02.04. Drugs for Fusion or Entry Inhibitors:						
540051767	Enfuvirtide	Vial	90 mg	P		H
05.03.02.05. Drugs for Cytomegalovirus						
540054773	Ganciclovir	Vial	500 mg	P		H
540051763	Valganciclovir HCL	Tablet	450 mg	P		H
540051888	Foscarnet	Infusion Vial	24 mg/ml 250ml / Bottle	NP		
05.03.03. Drugs for Respiratory Syncytial Virus						
540051795	Ribavirin (Tribavirin)	Vial for aerosol inhalation or nebulization	6 gm	NP		
540051778	Ribavirin	Capsule	200 mg	P		H
540051769	Palivizumab	Vial	100 mg	P		H
05.03.04. Drugs for Viral hepatitis						
540052690	Entecavir	Tablet	0.5 mg	P		H
540054779	Adefovir dipivoxil	Tablet	10 mg	P		H
540052695	Raltegravir	Tablet	400 mg	NP		
05.04. ANTIPROTOZOAL DRUGS						
05.04.01. Antimalarials						
540031520	Artemisinin	Capsule	250 mg	NP		
540031521	Artesunate	Tablet	50 mg	NP		
540031546	Artesunate	Ampoule	60 mg	NP		
540031540	Chloroquine phosphate	Tablet	250 mg, (150 mg base)	P	PHC	H
540032545	Chloroquine phosphate	Syrup	50 mg base/ 5 ml 60 - 100 ml/ Bottle	P	PHC	H
540034550	Chloroquine	Ampoule	100-250 mg base	P		
540031575	Mefloquine HCL	Tablet	250 mg	P		H
540031565	Primaquine phosphate	Tablet	7.5 mg	P	PHC	H

540031560	Primaquine phosphate	Tablet	15 mg	P		H
540031523	Proguanil HCL	Tablet	100 mg	NP		
540031570	Pyrimethamine + Sulfadoxine	Tablet	25 mg + 500 mg	P	PHC	H
540031571	Pyrimethamine	Tablet	25 mg	P		H
540031536	Quinine Sulphate	Tablet	300 mg	P		H
540024530	Quinine Dihydrochloride	Ampoule	600 mg	P		H
540031577	Artemether + Lumefantrine	Tablet	20 mg + 120 mg	P	PHC	H
540031538	Artesunate + Sulfadoxine + Pyrimehamine	Tablet	50 mg + 500 mg + 25 mg	P		H
540031537	Artesunate + Sulfadoxine + Pyrimehamine	Tablet	100 mg + 500 mg + 25 mg	P		H
540031543	Artemether	Ampoule	20 mg	P		H
540031541	Artemether	Ampoule	80 mg	P		H
540031576	Artesunate	Suppository	50 mg	P	PHC	H
540031579	Artesunate	Suppository	100 mg	P		H
540031544	Artesunate	Suppository	200 mg	P		H
540031581	Artesunate	Suppository	400 mg	P		H
05.04.02. Amebicides, Trichomonacides and Antigiardial Drugs						
540031631	Diloxanide furoate	Tablet	500 mg	P	PHC	H
540031630	Metronidazole	Tablet	500 mg	P	PHC	H
540032640	Metronidazole	Suspension	125 mg/5 ml 100 ml	P	PHC	H
540074900	Metronidazole IV infusion	Bottle OR Bag	500 mg	P		H
05.04.03. Leishmaniacides						
540034620	Stibogluconate sodium (Organic Pentavalent Antimony)	Ampoule or Vial	600 mg	P	PHC	H
05.04.04. Drugs for Pneumocystis Pneumonia						
540034625	Pentamidine isethionate	Vial	300 mg	NP		
05.05. ANTHELMINTICS						
05.05.01. Drugs for Threadworms, Roundworms and Hookworms						
540031585	Mebendazole	Tablet	100 mg	P	PHC	H

540032580	Mebendazole	Suspension	100 mg/5 ml 30 ml	P	PHC	H
540032582	Levamizole	Tablet	40 mg	NP		
05.05.02. Taenicides and Schistosomicides						
540031590	Niclosamide	Tablet	500 mg	NP		
540031610	Praziquantel	Tablet	600 mg	P	PHC	H
05.05.03. Drugs for Hydatid Disease						
540031578	Albendazole	Tablet	200 mg	P		H
540031605	Albendazole	Tablet	400 mg	P		H
05.05.04. Filaricides						
540041748	Ivermectin	Tablet	10 mg	NP		
540031829	Diethylcarbamazine citrate	Tablet	50 mg	P		H

Chapter 6
Drugs used in the treatment of disorders of the ENDOCRINE SYSTEM

Code No.	Item Specification	Dosage Form	Strength			
06. Drugs used in the treatment of disorders of the ENDOCRINE SYSTEM						
06.01. DRUGS USED IN DIABETES						
06.01.01. Insulin						
547064580	Human soluble insulin (Regular)	Vial	100 I.U./ ml (10 ml)	P	PHC	H
547064590	Human isophane insulin (NPH)	Vial	100 I.U./ ml (10 ml)	P	PHC	H
547064594	Insulin Glargine	Vial	100 I.U./ ml (10 ml)	P		H
547064600	Insulin Glargine (4 Needles Supply Free/ Pen)	Prefilled Pen	100 I.U./ ml (3 ml)	P		H
547064597	Insulin Detmir	Vial	100 I.U./ ml (10 ml)	NP		
547064599	Insulin Detmir (4 Needles Supply Free/ Pen)	Prefilled Pen	100 I.U./ ml (3 ml)	NP		
547064591	Biphasic Isophane Human Insulin (30% soluble, 70 % Isophane)	Vial	1000 I.U./10ml	P	PHC	H
547064605	Biphasic insulin aspart (30% Aspart, 70 % insulin aspart protamine) (4 Needles Supply Free/ Pen)	Prefilled Pen	100 I.U./ 3 ml	P		H
547064601	Biphasic insulin Lispro (50% Lispro, 50 % insulin lispro protamine) (4 Needles Supply Free/ Pen)	Prefilled Pen	100 I.U./ 3 ml	P		H
547064602	Biphasic insulin Lispro (25% Lispro, 75 % insulin lispro protamine) (4 Needles Supply Free/ Pen)	Prefilled Pen	100 I.U./ 3 ml	P		H
547064595	Insulin Lispro	Vial	1000 I.U./10 ml	P	PHC	H
547064596	Insulin Aspart	Vial	1000 I.U./10 ml	P		
547064592	Insulin Glulisine	Prefilled Pen	100 I.U./3 ml	P		H
06.01.02. Oral Hypoglycemic Agents						
547061620	Glibenclamide	Tablet	5 mg	P	PHC	H
547061601	Sitagliptin phosphate	Tablet	100 mg	P		H

547061600	Gliclazide	Tablet	80 mg	P	PHC	H
547061630	Glipizide	Tablet	5 mg	NP		
547061602	Gliclazide (Modified Released)	Tablet	30 mg	P		H
547061640	Metformin HCL	Tablet	500 mg	P	PHC	H
547061648	Metformin HCL XR (Modified Released)	Tablet	750 mg	P		H
06.01.03. Drugs for Hypoglycemia						
547064650	Glucagon	Vial	1 mg	P		H
547064655	Glucagon	Prefilled Syringe	1 mg	P		H
547061649	Repaglinide	Tablet	2 mg	NP		
547061650	Nateglinide	Tablet	120 mg	NP		
06.01.04. Thiazolidinedione						
547061622	Pioglitazone	Tablet	15mg	NP		
06.02. THYROID AND ANTITHYROID DRUGS						
06.02.01. Thyroid Hormones						
547071702	Thyroxine sodium	Tablet	25 mcg	P		H
547071700	Thyroxine sodium	Tablet	50 mcg	P	PHC	H
547071710	Thyroxine sodium	Tablet	100 mcg	P	PHC	H
547071715	Levothyroxine sodium	Ampoule	200 - 500 mcg	P		H
06.02.02. Antithyroid Drugs						
547071760	Carbimazole	Tablet	5 mg	P	PHC	H
547071750	Propylthiouracil	Tablet	50 mg	P		H
06.03. Hyperparathyroidism						
547084802	Cinacalcet HCl	Tablet	30 mg	P		H
547084803	Cinacalcet HCl	Tablet	60 mg	P		H
06.03. CORTICOSTEROIDS						
547054380	Fludrocortisone acetate	Tablet	100 mcg	P		H
547051420	Prednisolone	Tablet	5 mg	P	PHC	H
547051430	Prednisolone	Tablet	20 - 25 mg	P	PHC	H
547051470	Dexamethasone	Tablet	500 mcg	P		H
547054480	Dexamethasone	Ampoule	4 mg	P	PHC	H
547051401	Hydrocortisone	Tablet	10 mg	P		H
547054405	Hydrocortisone	Ampoule or Vial	100 mg	P	PHC	H
547054450	Methylprednisolone	Ampoule or Vial	40 mg	P		H

547054460	Methylprednisolone	Ampoule or Vial	500 mg	P		H
06.04. SEX HORMONES						
06.04.01. Estrogens for Hormone Replacement Therapy						
547014124	Conjugated Estrogen + Norgestrel	Tablet-calendar Pack	625 mcg + 150 mcg	NP		
547014129	Estradiol valerate + Norgestrel	Tablet-calendar Pack	1 mg + 500 mcg	NP		
547011059	Norethisterone	Tablet-calendar Pack	1 mg	NP		
547011171	Estradiol valerate	Tablet	1 mg	NP		
547014119	Estradiol valerate	Ampoule	10 mg	P		H
547014114	Ethinyl estradiol	Tablet	10 mcg	P		H
06.04.02. Progestogens						
547014053	Dydrogesterone	Tablet	10 mg	P		H
547014051	Hydroxyprogesterone hexanoate	Ampoule	250 mg	P		H
547011015	Medroxyprogesterone acetate	Tablet	5 mg	P	PHC	H
547011060	Norethisterone	Tablet	5 mg	P	PHC	H
547011061	Progesterone	Ampoule	50 mg	NP		
547011062	Progesterone	Ampoule	100 mg	NP		
547011063	Progesterone	Vaginal pessary	50 mg	NP		
06.04.03. Androgens						
547014090	Testosterone enanthate	Depot Ampoule	250 mg	P		H
547011025	Finasteride	Tablet	5 mg	P		H
06.05. HYPOTHALAMIC AND PITUITARY HORMONES AND ANTIESTROGENS						
06.05.01. Antiestrogens						
547011101	Clomiphene citrate	Tablet	50 mg	P		H
06.05.02. Anterior Pituitary Hormones						
547014117	Tetracosactrin(Corticotrophin)	Ampoule	250 mcg	NP		
547054350	Tetracosactrin (Corticotrophin)	Ampoule	1 mg	P		H
547014140	Human chorionic gonadotrophin	Ampoule	1500 I.U.	P		H
547014130	Human chorionic gonadotrophin	Ampoule	5000 I.U.	P		H

547014110	Human menopausal gonadotrophins for injectionection, Follicle stimulating hormone + Luteinizing hormone,	Ampoule	75 I.U. + 75 I.U.	P	H
547024200	Somatropin (Human growth hormone)	Vial	4 IU (1.33 mg) - 36 I U (12 mg)	P	H
547024203	Somatropin (Human growth hormone)	Vial	12 I.U. (4 mg) - 16 I.U. (5.33 mg)	NP	
547014111	Urofollitrophine	Ampoule	75 I.U.	P	H
547014145	(Recombinant human follicle stimulating hormone) Follitropin alfa	Vial	75 I.U.	P	H
547014145	(Recombinant human follicle stimulating hormone) Follitropin beta	Vial	50 I.U.	P	H
547014146	(Recombinant human follicle stimulating hormone) Follitropin alfa	Device	300 I.U.	P	H
547014146	(Recombinant human follicle stimulating hormone) Follitropin beta	Device	300 I.U.	P	H

06.05.-03. Hypothalamic Hormones

547014118	Corticorelin (Corticotrophin-releasing factor, CRF)	Ampoule	100 mcg	NP	
547014121	Triptorelin acetate	Ampoule	3.75 mg	P	H
547014120	Gonadorelin (Gonadotrophin-releasing hormone, LHRH)	Vial	100 mcg	P	H
547014125	Protirelin (Thyrotrophin-releasing hormone, TRH)	Ampoule	200 mcg	NP	
547014131	Sermorelin (Growth hormone-releasing hormone, GHRH)	Ampoule	50 mcg	NP	

06.05.04. Posterior Pituitary Hormones

547034265	Vasopressin	Ampoule	20 I.U./ 1 ml	P	
547033269	Desmopressin acetate	Disintegrating Tablet	60 mcg	P	H
547033270	Desmopressin acetate	Disintegrating Tablet	120 mcg	P	
547033266	Desmopressin acetate	Tablet	200 mcg	NP	
547033262	Desmopressin acetate	Nasal Spray	10 mcg 5-6 ml	NP	

06.06. DRUGS AFFECTING BONE METABOLISM

547084800	Calcitonin (Salmon) -	Ampoule	100 I.U.	P	H

	(Salcatonin)				
547081807	Disodium pamidronate	Vial	15 mg	NP	
547081811	Strontium Ranelate	Sachet	2 gm	P	H
547081812	Zoledronic acid	Vial	4 mg	P	H
547081813	Zoledronic acid	Premixed Infusion	5 mg /100ml	P	H
547081810	Alendronate sodium	Tablet	70 mg	P	H
547084810	Teriparatide	Vial	250 mcg 2.4 ml	P	H

06.07. OTHER ENDOCRINE DRUGS

06.07.01. OTHER ENDOCRINE DRUGS

551111590	Bromocriptine	Tablet	2.5 mg	P	H
551111592	Cabergoline	Tablet	500 mcg	NP	

06.07.02. Pituitary Gonadotrophins Inhibitors

547011170	Danazol	Capsule	100 mg	P	H

06.07.03. Gonadorelin Analogues

547014123	Goserlin acetate	Ampoule	3.6 mg	P	H
547014127	Nafarelin	Nasal Spray	200 mcg 30 unit dose	NP	
547014127	Leuprorelin (Leuprolide) Acetaate	Vial	3.75 mg	P	H
547014128	Leuprorelin (Leuprolide) Acetaate	Vial	7.5 mg	P	H

Chapter 7
Drugs used in disorders of the OBSTETRICS, GYNECOLOGY AND GENITOURINARY DISORDERS

Code No.	Item Specification	Dosage Form	Strength			
07. Drugs used in OBSTETRICS, GYNECOLOGY AND GENITOURINARY DISORDERS						
07.01. DRUGS USED IN OBSTETRICS						
07.01.01. Prostaglandins and Oxytocics						
547015190	Dinoprostone	Vaginal Tablet	3 mg	P		H
547015191	Dinoprostone	Cervical gel disposable Syinge	400 mcg / 2.5 ml	NP		
547014180	Dinoprostone for extraamniotic	Ampoule	5 mg	P		H
547034252	Misoprostol	Tablet	200 mcg	P		H
547034250	Oxytocin	Ampoule	5 I.U.	P		H
547031280	Methylergonovine maleate	Tablet	125 mcg	P		H
547034270	Methylergonovine maleate	Ampoule	200 mcg	P	PHC	H
551104570	Alprostadil (Prostaglandin E1) Pediatric dose	Ampoule	500 mcg	P		H
547014185	Carboprost Tromethamine	Ampoule	250mcg	P		H
07.01.02. Myometrial Relaxants						
547041301	Ritodrine HCL	Tablet	10 mg	P		H
547044305	Ritodrine HCL	Ampoule	50 mg	P		H
07.01.03. Drugs for Seizure Prevention in Eclampsia						
548024460	Magnesium sulfate	Ampoule or Vial	10 % (20 ml)	P		H
07.02. TREATMENT OF VAGINAL AND VULVAL CONDITIONS						
07.02.01. Antifungal Drugs						
550021517	Clotrimazole	Vaginal cream	1% 15-30 gm	NP		
550021519	Econazole nitrate	Vaginal cream	1% 15-30 gm	NP		
550021520	Miconazole nitrate	Vaginal cream	2% 15-30 gm	NP		
550053595	Imidazole derivative	Vaginal Tablet	150 - 200 mg	P	PHC	H

550021516	Clotrimazole	Vaginal Tablet	500 mg	NP		
550021521	Econazole nitrate	Pessary	150 mg	NP		
550021522	Miconazole nitrate	Pessary	1.2 gm	NP		
550053590	Nystatin	Pessary OR Vaginal Tablet	100,000 I.U.	P	PHC	H
07.03. DRUGS FOR GENITOURINARY DISORDERS						
07.03.01. Drugs for Urinary Retention						
551031230	Distigmine bromide	Tablet	5 mg	P		H
07.03.02. Drugs for Urinary Frequency and Incontinence						
551031240	Flavoxate	Tablet	100 mg	P		H
551031245	Oxybutynin HCL	Tablet	5 mg	NP		
551031242	Tolterodine tartrate	Tablet	2mg	NP		

Chapter 8
Drugs used in the treatment of MALIGNANT DISEASE AND IMMUNOSUPPRESSION

Code No.	Item Specification	Dosage Form	Strength		
08. Drugs used in the treatment of MALIGNANT DISEASE AND IMMUNOSUPPRESSION					
08.01. CYTOTOXIC DRUGS					
08.01.01. Alkylating Drugs					
541011070	Busulfan	Tablet	2 mg	P	H
541011072	Carmustine	Vial	100 mg	NP	
541011010	Chlorambucil	Tablet	2 mg	P	H
541011060	Cyclophosphamide	Tablet	50 mg	P	H
541011030	Cyclophosphamide	Vial	200 mg	P	H
541014040	Cyclophosphamide	Vial	500 mg	P	H
541014088	Thalidomide	Capsule	200 mg	NP	
541014062	Ifosfamide	Vial	1 gm	P	H
541014001	Mechlorethamine HCL	Vial	10 mg	NP	
541011020	Melphalan	Tablet	2 mg	P	H
08.01.02. Drugs for Urothelial Toxicity					
541014064	Mesna	Vial	400 mg	P	H
08.01.03. Cytotoxic Antibiotics					
541044340	Bleomycin	Ampoule OR Vial	15 mg (15,000 I.U.)	P	H
541044320	Dactinomycin	Vial	500 mcg	P	H
541044330	Daunorubicin HCL	Vial	20 mg	P	H
541044301	Doxorubicin HCL	Vial	10 mg	P	H
541044310	Doxorubicin HCL	Vial	50 mg	P	H
541044342	Epirubicin HCL	Vial	10 mg	P	H
541044314	Epirubicin HCL	Vial	50 mg	P	H
541014000	Mitomycin	Vial	2 mg	NP	
541014002	Mitomycin	Vial	10 mg	NP	
541014003	Mitomycin	Vial	20 mg	NP	

541014005	Mitozantrone (Mitoxantrone)	Vial	20 mg	NP	
541014069	Mitoxantrone hydrochloride	Vial	20 mg	P	H
08.01.04. Antimetabolites					
541024140	Cytarabine	Ampoule or Vial	500 mg	P	H
541024142	Cytarabine	Ampoule or Vial	100 mg	P	H
541024130	Fluorouracil	Vial	50 mg/ ml (5 - 10 ml)	P	H
541021150	Mercaptopurine	Tablet	50 mg	P	H
541021101	Methotrexate	Tablet	2.5 mg	P	H
541024120	Methotrexate Preservative free Intrathecal Injectionection	Vial	50 mg	P	H
541024120	Methotrexate	Vial	50 mg	NP	
541024125	Methotrexate	Vial	500 mg	P	H
541024127	Thioguanine (Tioguanine)	Tablet	40 mg	NP	
541024132	Fludarabine phosphate	Vial	50 mg	P	H
541014070	Capecitabine	Tablet	150 mg	P	H
541014071	Capecitabine	Tablet	500 mg	P	H
541044350	Pemetrexed	Vial	500 mg	P	H
08.01.05. Folinic Acid Rescue					
548022305	Folinic acid (Leucovorin, Calcium leucovorin)	Tablet	15 mg	NP	
543014077	Folinic acid (Leucovorin, Calcium leucovorin)	Ampoule	15 mg	NP	
543014080	Calcium Folinate (Calcium leucovorin)	Vial	50 mg	P	H
543014075	Calcium Folinate (Calcium leucovorin)	Vial	3 - 5 mg/ ml	P	H
08.01.06. Vinca Alkaloids and Etoposide					
541054418	Etoposide	Capsule	50 mg	NP	
541054417	Etoposide	Vial	100 mg	P	H
541054410	Vinblastine sulfate	Vial	10 mg	P	H
541054401	Vincristine sulfate	Vial	1 mg	P	H
08.01.07. Other Antineoplastic Drugs					
541014085	Carboplatin	Vial	50 mg	NP	

541014080	Cisplatin	Vial	50 mg	P	H
541064510	Asparaginase (Crisantaspase)	Vial	10,000 I.U.	P	H
541064511	Pegaspargase	Vial	750 I.U./ ml 5 ml	P	H
541064520	Lenalidomide	Tablet	25 mg	P	H
541014073	Dacarbazine	Vial	200 mg	P	H
541061520	Hydroxurea	Capsule	500 mg	P	H
541061501	Procarbazine	Capsule	50 mg	P	H
541064518	Paclitaxel	Vial	30 mg	P	H
541064517	Paclitaxel	Vial	300 mg	P	H
541054405	Vinorelbine	Vial	50 mg	P	H
547011095	Cyproterone acetete	Tablet	50 mg	P	H
547011092	Bicalutamide	Tablet	50 mg	NP	
547011099	Bicalutamide	Tablet	150 mg	NP	
547011096	Miltefosine	Topical solution	6%	NP	
541024145	Gemcitabine	Vial	200 mg	P	H
541024133	Gemcitabine	Vial	1 gm	NP	
541014087	Carboplatin	Vial	450 mg	P	H
541011025	Lomustine	Capsule	100 mg	P	H
541011075	Imatinib mesilate	Capsule	100 mg	P	H
541011085	Dasatinib monohydrate	Tablet	50 mg	P	H
541011087	Dasatinib monohydrate	Tablet	70 mg	P	H
541011077	Nilotinib	Tablet	200 mg	P	H
541011073	Sorafenib	Tablet	200 mg	P	H
541061504	Docetaxel	Vial	20 mg	P	H
541061505	Docetaxel	Vial	80 mg	P	H
541061506	Irintecan hydrochloride	Vial	100 mg	NP	
541014082	Oxaliplatin	Vial	50 mg	P	H
541014084	Oxaliplatin	Vial	100 mg	P	H
541014089	Tretinion	Capsule	10 mg	NP	
541011071	Bevacizumab	Vial	100 mg	P	H
541011069	Bevacizumab	Vial	400 mg	P	H
541064516	Bortezomib	Vial	3.5 mg	P	H

541014081	Trastuzumab	Vial	150 mg	P	H
541014083	Trastuzumab	Vial	440 mg	P	H
541014075	Cetuximab	Vial	100 mg	P	H
08.01.08. Protein Kinase Inhibitors					
541014076	Erlotinib hydrochloride	Coated Tablet	25 mg	P	H
541014079	Erlotinib hydrochloride	Coated Tablet	100 mg	P	H
541014077	Erlotinib hydrochloride	Coated Tablet	150 mg	P	H
08.01.09. Hormone antagonists					
541031277	Letrozole	Coated Tablet	2.5 mg	P	H
08.02. DRUGS AFFECTING THE IMMUNE RESPONSE					
08.02.01. Immunosuppressants					
551081500	Azathioprine	Tablet	50 mg	P	H
551081501	Azathioprine	Vial	50 mg	NP	
551081502	Leflunomide	Tablet	20 mg	P	H
542024315	Antithymocyte globulin	Vial	25 mg	P	H
551081540	Cyclosporin (Ciclosporin)	Capsule	25 mg	P	H
551081845	Cyclosporin (Ciclosporin)	Capsule	50 mg	P	H
551081530	Cyclosporin (Ciclosporin)	Capsule	100 mg	P	H
551082510	Cyclosporin (Ciclosporin)	Oral Solution	500 mg/ 5 ml	P	H
551084510	Cyclosporin (Ciclosporin)	Ampoule	250 mg	P	H
542024390	Muromonab-CD3	Ampoule	5 mg	P	H
551081561	Basiliximab	Vial	20 mg	NP	
08.02.02. Immunostimulants					
551034148	Interferon alpha	Vial	3,000,000 I.U.	NP	
551034149	Interferon alpha	Vial	5,000,000 I.U.	NP	
551081510	Mycophenolate mofetil	Capsule	250 mg	NP	
551081512	Mycophenolate mofetil	Capsule	500 mg	P	H
551081550	Tacrolimus	Capsule	0.5 mg	P	H
551081560	Tacrolimus	Capsule	1 mg	P	H

551081570	Tacrolimus	Capsule	5 mg	P	H
551081580	Sirolimus	Tablet	1 mg	P	H
541074530	Interferon beta 1a	Vial	6,000,000 I.U.	NP	
541074531	Interferon beta 1a	Prefilled syringe/ vial	30 mcg 6,000,000 I.U.	P	H
541074526	Interferon beta 1b	Vial	9,600,000 I.U.	P	H
541074529	Interferon beta 1a	Vial	12,000,000 I.U.	P	H
541074534	Pegylated interferon alpha 2 A	Vial	180 mcg	P	H
541074537	Pegylated interferon alpha 2 B	Prefilled Syringe	80 mcg	NP	
541074538	Pegylated interferon alpha 2 B	Vial	100 mcg	P	H
541074536	Pegylated interferon alpha 2 B	Vial	120 mcg	NP	
551081511	Mycophenolate sodium	Tablet	180 mg	NP	
551081514	Mycophenolate sodium	Tablet	360 mg	P	H
541074533	Bacillus Calmette Guerin (BCG) For Bladder instillation	Vial	81 mg	P	H
08.03. SEX HORMONES AND HORMONE ANTAGONISTS IN MALIGNANT DISEASE					
08.03.01. Progestogens					
541031201	Megestrol acetate	Tablet	40 mg	P	H
08.03.02. Hormone Antagonists					
541031275	Tamoxifen citrate	Tablet	10 mg	P	H
541031280	Anastrozole	Tablet	1 mg	P	H
541031282	Aminoglutethimide	Tablet	250 mg	NP	
541031281	Flutamide	Tablet	250 mg	NP	
541034277	Octreotide	Ampoule	100 mcg	P	H
541034278	Octreotide (depot)	Vial	20 mg	NP	
541034281	Terlipressin Acetate	Vial	1 mg	NP	

Chapter 9
Drugs affecting
NUTRITION AND BLOOD SUBSTITUTES

Code No.	Item Specification	Dosage Form	Strength			
09. Drugs affecting NUTRITION AND BLOOD SUBSTITUTES						
09.01. Anemias And Some Other Blood Disorders						
09.01.01. Iron						
543011000	Ferrous Salt	Tablet OR Capsule	35 - 65 mg Elemental iron	NP		
543011001	Ferrous Salt (200 - 300 mg Ferrous)	Tablet OR Capsule	60 - 120 mg Elemental iron	P	PHC	H
543012010	Ferrous Sulfate 75 mg equivelant to 17 mg elimental iron/ 0.6 ml	Oral Dropper	17 mg elimental iron/ 0.6 ml (20 - 30 ml/ Bottle)	P		H
543014020	Iron Saccharate	Ampoule	100 mg Ferrous iron/ 2 ml	P		H
543014020	Iron dextran	Ampoule	100 mg Ferrous iron/ 2 ml	P		H
09.01.02. Iron And Folic Acid Preparations Used In Pregnancy						
543011030	Ferrous Sulfate Or Fumarate + Folic acid	Tablet	45-105mg iron + 350-500mcg folic acid	NP		
09.01.03. Drugs Used In Megaloblastic Anemia						
543014101	Cyanocobalamin (vit B12)	Ampoule	1mg	P		H
543011051	Folic acid (vit B9)	Tablet	1mg	P	PHC	H
543011050	Folic acid	Tablet	5 mg	NP		
09.01.04. Drugs Used In Renal Anemia						
543014123	Epoetin (Recombinant human erythropoietins)	Prefilled Syringe	1,000 I.U.	P		H
543014124	Epoetin (Recombinant human erythropoietins)	Prefilled Syringe	2,000 I.U.	P		H
543014125	Epoetin (Recombinant humanerythropoietins)	Prefilled Syringe	4,000 - 5,000 I.U.	P		H

543014112	Darbepoetin	Prefilled Syringe	40 mcg	P		H
543014114	Darbepoetin	Prefilled Syringe	60 mcg	P		H
543014116	Darbepoetin	Prefilled Syringe	80 mcg	P		H
543014130	Methoxy polyethylene glycol-epoetin beta	Prefilled Syringe	50 mcg	P		H
543014132	Methoxy polyethylene glycol-epoetin beta	Prefilled Syringe	100 mcg	P		H
09.01.05. Drugs Used In Neutropenia						
543011032	Filgrastim (G-CSF) 300.000.000 I.U.	Vial	(300 mcg/ 0.5 ml)	P		H
543011035	Orlenograstim (G-CSF)	Vial	33.600.000 I.U.	NP		
09.02. Fluids And Electrolytes						
09.02.01. Oral Electrolytes And Potassium Removal						
548021455	Potassium chloride	Tablet	600 mg (8 mmol)	P		H
548021456	Potassium salt	Oral Solution	5mmol/5ml	NP		
544111800	Polystyrene sulphonate Resins (Sodium)	Powder Jar	300 - 500 gm/ Jar	P		H
544111810	Polystyrene sulphonate Resins (Calcium)	Powder Jar	300 gm/ Jar	P		H
548041700	Electrolyte Oral Rehydration Salt (ORS)	Sachet	20 gm Total Osmolarity 245	P	PHC	H
551031210	Sodium bicarbonate	Tablet	325 mg	P		H
09.02.02. Intravenous Solutions And Electrolytes						
548024411	Sodium Acetate	Vial	40 mmol (20ml)	P		H
548024408	Sodium Chloride	Bottle OR Bag	0.225 % 500 ml	P		H
548024409	Sodium Chloride	Bottle OR Bag	0.45 % 500 ml	P		H
548024410	Sodium Chloride (Normal Saline)	Bottle OR Bag	0.9 % 500 ml	P	PHC	H
548024413	Sodium Chloride (Normal Saline)	Piggy Bag	0.9% 100 ml	P		H
548024412	Sodium Chloride (Normal Saline)	Piggy Bag	0.9% 50 ml	P		H
548024400	Sodium Chloride	Ampoule	3% 10 ml	P		H
548024449	Sodium Chloride	Vial OR Bag	14.3 - 20%	P		H
548034585	Dextrose + Sodium Chloride (1/5 Normal Saline)	Bottle OR Bag	5 % + 0.18% 250 ml	P		H

548034580	Dextrose + Sodium Chloride (1/4 Normal Saline)	Bottle OR Bag	5 % + 0.225% 500 ml	P		H
548034582	Dextrose + Sodium Chloride (1/4 Normal Saline)	Bottle OR Bag	5 % + 0.225% 250 ml	P		H
548034572	Dextrose + Sodium Chloride (1/2 Normal Saline)	Bottle OR Bag	5% + 0.45% 250 ml	P		H
548034570	Dextrose + Sodium Chloride (1/2 Normal Saline)	Bottle OR Bag	5% + 0.45% 500 ml	P		H
548034562	Dextrose + Sodium Chloride (Normal Saline)	Bottle OR Bag	5% + 0.9 % 500 ml	P		H
548034560	Dextrose + Sodium Chloride (Normal Saline)	Bottle OR Bag	5% + 0.9 % 250 ml	P	PHC	H
548034598	Dextrose + Sodium Chloride (1/5 Normal Saline)	Bottle OR Bag	10 % + 0.18 % 250 ml	P		H
548034596	Dextrose + Sodium Chloride (1/4 Normal Saline)	Bottle OR Bag	10 % +0.225% 250 ml	P		H
548034594	Dextrose + Sodium Chloride (1/2 Normal Saline)	Bottle OR Bag	10 % + 0.45 % 250 ml	P		H
548024440	Ringer's Solution	Bottle OR Bag	500 ml	P		H
548024445	Ringer's Lactate Solution	Bottle OR Bag	500 ml	P	PHC	H
548024465	Sodium phosphate	Vial	3 mmol phosphate and 4 mmol sodium/ ml (15 ml)	P		H
548034544	Dextrose	Prefilled syringe	50 % (50 ml)	P		H
548034546	Dextrose	Piggy Bag	5 % 50 ml	P		H
548034547	Dextrose	Piggy Bag	5 % 100 ml	P		H
548034552	Dextrose	Bottle OR Bag	5% 250 ml	P	PHC	H
548034550	Dextrose	Bottle OR Bag	5% 500 ml	P		H
548034591	Dextrose	Bottle OR Bag	10% 250 ml	P		H
548034590	Dextrose	Bottle OR Bag	10% 500 ml	P		H
548034620	Dextrose	Bottle OR Bag	25 % 250 ml	P		H
548034600	Dextrose	Ampoule OR Vial	50 % 50 ml	P	PHC	H
548034610	Dextrose	Ampoule OR Vial	50% 500 ml	P		H
548034606	Dextrose	Solution	7%	NP		
548024451	Potassium acetate	Vial	40 mmol/ 20ml	P		H
548024450	Potassium chloride	Ampoule OR Vial	15 % 2mmol/ ml (10 ml)	P		H

548024455	potassium phosphate	Vial	3mmol phosphate + 4mmol potassium	P		H
548024430	Sodium Bicarbonate	Bottle OR Bag	5% 250 ml	P		H
548024435	Sodium Bicarbonate	Prefilled Syring	8.4% 1 meq/ ml 10 ml	P		H
548024420	Sodium Bicarbonate	Prefilled Syring	8.4 % 1 meq/ ml 50 ml	P	PHC	H
551034220	Ammonium chlride	Ampoule	5 mmol/ml, 20 ml	P		H
548024480	Water For Injectionection (Sterile)	Ampoule	10 ml	P		H
548024482	Water for injectionection	Bottle OR Bag	500 ml/glass or plastic bottle	P		H
09.02.03. Plasma And Plasma Substitutes						
543074510	Albumin Human	Vial	20 - 25% 50 ml/ Bottle	P		H
543074501	Plasma protien solution	Vial	5% protien (85% albumin) 250 ml/ Bottle	P		H
543084601	Dextran Low moleculer weight (Dextran40) + Sodium Chloride	Bottle OR Bag	10 % + 0.9% 500 ml	P		H
543074520	Human fibrinogen	Infusion Vial	2 gm/ 100 ml	P		H
543074503	Hydrxoy ethyl starch	Infusion Vial	6 % 500 ml	P		H
09.03. Intravenous Nutrition						
548034500	Amino acids for Adult	Bottle	15 % 500 ml/ glass bottle	P		H
548034510	Amino acids for childeren	Bottle	10% 100 ml/ glass bottle	P		H
548034650	Fat emulsion	Glass Bottle OR Plastic Bag	20 % 250 ml	P		H
548034655	Fat emulsion	Glass Bottle OR Plastic Bag	20 % 500 ml	NP		
548014280	Multivitamins (Adult) - (One OR Two ampoules) A , D , E , B1 , B2, B3 , B6 AND B12	Ampoule	10 ml	P		H
548014285	Multivitamins (Pediatric) A , D , E , B1 , B2, B3 , B6 AND B12	Ampoule	10 ml	P		H
548034514	Trace elements additive (Pediatric dose)	Vial	10 ml	P		H
548034660	Trace elements additive (Adult dose)	Vial	10 ml	P		H

09.04. Minerals

09.04.01. Calcium, magnesium and phosphate

548024462	Magnesium sulfate	Ampoule	50 % 5 ml	NP		
546014616	Magnesium oxide	Tablet	400 mg	P		H
546014617	Magnesium citrate	Syrup	290 mg/ 5 ml 300 ml/ Bottle	P		H
546014615	Phosphate salt	Tablet	500 mg	NP		
548024470	Calcium chloride	Ampoule	10 % (10 ml)	P	PHC	H
548024475	Calcium chloride	Prefilled Syringe	10% (10ML)	P		H
548024310	Calcium Gluconate	Ampoule	10 % (10 ml)	P		H
548022300	Calcium (Gluconate OR Lactate)	Syrup	Not less than 2.27 mmol/ 5 ml	P	PHC	H
548024312	Calcium Lactate	Tablet	300 mg	P	PHC	H

09.04.02. Phosphate-binding agents

551031190	Pure aluminum hydroxide	Capsule	400 mg -500 mg	P		H
551032187	Pure aluminum hydroxide	Gel	4 % 120 ml/ Bottle	P		H
551031200	Calcium carbonate	Tablet	500 - 600 mg Elemental Calcium	P		H
551031192	Sevelamer	Tablet	800 mg	P		H

09.04.03. Zinc

548024466	Zinc sulphate	Tablet	15-60 mg	NP		

09.05. Vitamins

548011100	Thiamine (Vitamin B1)	Tablet	100 mg	P		H
548014110	Thiamine (Vitamin B1)	Ampoule	100 mg	P		H
548011130	Pyridoxine HCL (Vitamin B6)	Tablet	40 mg	P	PHC	H
548011128	Pyridoxine HCL (Vitamin B6)	Tablet	10mg	NP		
548011150	Ascorbic Acid (Vitamin C)	Tablet	500 mg	NP		
548012050	Vitamin D Oral Dropper	Oral Dropper	2,000 - 5,000 I.U. 10 - 15 ml/ Bottle	P	PHC	H
551032176	Cholecalciferol (Vitamin D3) Alternative Item	Oral Dropper	2,000 - 5,000 I.U. 10 - 15 ml/ Bottle			
551032177	Ergocalciferol (Calciferol, Vitamin D2) Alternative Item	Oral Dropper	2,000 - 5,000 I.U. 10 - 15 ml/ Bottle			
551032170	Alfacalcidol	Oral Dropper	2 mcg/ ml 20 ml/ Bottle	P		H

547081804	Calcitriol	Capsule	0.25 mcg		NP		
551031160	Alfacalcidol	Capsule	0.25 mcg		P		H
547081805	Calcitriol	Capsule	0.5 mcg		NP		
551031150	Alfacalcidol	Capsule	1 mcg		P		H
547081808	Calcitriol	Ampoule	1 mcg		NP		
551031175	Alfacalcidol	Ampoule	1 mcg		P		H
548011004	Alph tocopherol (Vitamin E)	Suspension	500mg/5ml		NP		
543014171	Menadiol sodium phosphate	Tablet	10 mg		NP		
543014170	Phytomenadione, Vitamin (K1)	Tablet	10 mg		P		H
543014150	Phytomenadione, Vitamin (K1)	Ampoule	2 mg		P	PHC	H
543014160	Phytomenadione, Vitamin (K1)	Ampoule	10 mg		P		H
548011290	Multivitamins	Tablet			P		H
548011200	Vitamin B Complex (B1 + B6 + B12)	Tablet	100 mg + 100 mg + 200 mcg		P		H
548012285	Multivitamins for Children according to (Recommended Daily Allowances)	Syrup	100 - 125 ml		P		H
548011001	Retinol (Vitamin A)	Capsul	50.000 I.U.		P	PHC	H
09.06. Metabolic Disorders							
543064000	L-Carnitine	Tablet	250 mg - 300 mg		P		H
543064001	L-Carnitine	Oral Solution	100 mg/ ml 30%		P		H
543064002	L-Carnitine	Ampoule	200 mg/ ml		P		H

Chapter 10
Drugs used in the treatment of MUSCULOSKELETAL AND JOINT DISEASES

Code No.	Item Specification	Dosage Form	Strength			
10. Drugs used in the treatment of MUSCULOSKELETAL AND JOINT DISEASES						
10.01. DRUGS USED IN RHEUMATIC DISEASES AND GOUT						
10.01.01. NONSTEROIDAL ANTIINFLAMMATORY DRUGS						
545021200	Ibuprofen	Tablet	400 mg	P	PHC	H
545022207	Ibuprofen	Syrup	100 mg/ 5ml	P	PHC	H
545021250	Diclofenac	Tablet	50 mg	P	PHC	H
545024260	Diclofenac	Ampoule	75 mg	P		H
545023263	Diclofenac	Suppository	12.5 mg	P		H
545023266	Diclofenac	Suppository	50 mg	P	PHC	H
545021225	Indomethacin	Capsule	25mg	P		H
545023230	Indomethacin	Suppository	100mg	P		H
545021224	Indomethacin	Ampoule	50 mg	P		H
545021230	Indomethacin	Ampoule	1 mg	P		H
545023231	Mefenamic acid	Syrup	50mg/ 5ml	NP		
545023232	Sulindac	Tablet	100mg	NP		
545021233	Celecoxib	Capsule	200 mg	NP		
545021234	Celecoxib	Capsule	400 mg	NP		
545021235	Meloxicam	Tablet	7.5 mg	P		H
545021249	Meloxicam	Tablet	15 mg	P		H
545021239	Meloxicam	Suppository	7.5 mg	NP		H
545021252	Naproxene	Tablet OR Capsule	250 mg	P		H
10.01.02. Local Corticosteroid Injectionections						
547054406	Triamcinolone acetonide	Injectionection	40mg	NP		
10.01.03. Drugs Suppressing Rheumatic Disease Process						
551041302	Sodium aurothiomalate	Ampoule	10mg	NP		

551041301	Sodium aurothiomalate	Ampoule	50mg	NP		
551041300	Penicillamine	Tablet OR Capsule	250 mg	P		H
10.01.04. Drugs For Gout						
545021305	Allopurinol	Tablet	300 mg	P	PHC	H
545021300	Allopurinol	Tablet	100 mg	P	PHC	H
545021307	Rasburicase	Vial	1.5 mg	P		H
540031542	Hydroxychloroquine sulphate	Tablet	200 mg	P		H
545021310	Colchicine	Tablet	500 mcg	P		H
10.01.05. Tumour Necrosis Factor (TNF) Antagonist						
546081705	Infliximab	Vial	100 mg	P		H
546081707	Etanercept	Prefilled Syringe	50 mg	P		H
546081706	Adalimumab	Prefilled Syringe	40 mg /0.8 ml	P		H
10.01.06. B cell depation agent						
551081846	Rituximab	Vial	100 mg	P		H
551081847	Rituximab	Vial	500 mg	P		H
541014068	Alemtuzumab	Vial	30 mg	P		H
10.02. Drugs Used In Neuromuscular Disorders						
10.02.01. Anticholinesterases						
545064860	Neostigmine methylsulfate	Ampoule	500 mcg	P		H
551031232	Pyridostigmine	Tablet	60 mg	NP		
10.02.02. Skeletal Muscle Relaxants						
545021275	Baclofen	Tablet	10 mg	P		H
545021276	Baclofen	Syrup	5 mg/ 5 ml	NP		
545021277	Chlorzoxazone	Capsule	250 mg	NP		H
10.03. Drugs For the relife of Soft Tissue Inflammation						
10.03.01. Enzymes						
551124600	Hyaluronidase	Ampoule OR Vial	1500 I.U.	P		H

Chapter 11
Drugs acting on the EYE

Code No.	Item Specification	Dosage Form	Strength			
11.Drugs Acting On The Eye						
11.01. Antiinfective eye Preparations						
11.01.01. Antibacterials						
550013075	Bacitracin Zinc + Polymixin B Sulphate	Eye Ointment	500 I.U. + 10000 I.U./ gm 2 - 5 gm/Tube	P		H
550013055	Chloramphenicol	Eye Ointment	1% (3 - 5 gm/ tube)	P		H
550013050	Chloramphenicol	Eye Dropper	0.5% (10 ml/ Bottle)	P	PHC	H
550013051	Chloramphenicol	Single Dose (Minims)	0.50%	NP		
550014337	Erythromycin	Eye Ointment	0.5% 3 - 5 gm/ tube	NP		
550013035	Gentamicin	Eye Ointment	0.3 % (3 - 5 gm/ Tube)	P	PHC	H
550013030	Gentamicin	Eye/ Ear Dropper	0.3 % (5 - 10 ml/ bottle)	P	PHC	H
550013025	Gentamicin	Single Dose (Minims)	0.30%	NP		
550013026	Sulfacetamide	Eye Dropper	10% 10 ml/ Bottle	NP		
550013028	Sulfacetamide	Eye Ointment	10% 3 - 5 gm/ Tube	NP		
550013060	Tetracycline HCL	Eye Ointment	1 % 3 - 5 mg Tube	P	PHC	H
550013070	Polymyxin B + Neomycin	Eye Dropper	10,000 + 3.5 ml ml 5 ml bottle	P		H
550038562	Moxifloxacin HCL	Eye Dropper	0.5% 3ml/ Tube	P		H
550038564	Ofloxacin	Eye Dropper	0.3% 3 - 5 ml/Bottle	NP		
550013027	Ciprofloxacin	Eye Dropper	0.3% 3 - 5 ml/Bottle	P		H

550014335	Fusidic acid	Eye Gel	1 % 5 gm/ Tube	P	H
550013031	Tobramycin + Dexamethasone	Eye Ointment	0.3% + 0.1% 3 - 5 gm/ Tube	NP	
550013032	Tobramycin + Dexamethasone	Eye Suspension	0.3 % + 0.1% 5 ml/Bottle	NP	
11.01.02. Antifungals					
550013102	Natamycin	Eye Dropper	5% 3 - 5 ml/Bottle	NP	
11.01.03. Antiviral					
550013160	Acyclovir	Eye Ointment	3 % 4.5 gm/ Tube	P	H
550013150	Trifluridine	Eye Dropper	1% 5-10 ml/ bottle	P	H
11.02. Antinflammatory Preparations					
11.02.01. Corticosteroids					
550013205	Dexamethasone	Eye Dropper	0.1% 10 - 15 ml/ Bottle	NP	
550013207	Betamethasone	Eye Dropper	0.1% 10 - 15 ml	NP	
550013208	Prednisolone	Eye Dropper	0.1% 10 - 15 ml	NP	
550013206	Betamethasone	Eye Ointment	0.1% 5 gm Tube	NP	H
550013220	Dexamethasone	Eye Ointment	0.05% 3.5 - 5 gm/ Tube	P	H
550013200	Fluorometholone	Eye Dropper	0.1 % 5 ml/ Bottle	P	H
11.02.02. Other antiinflammatory preparations					
545021256	Diclofenac	Eye Dropper	0.1% 5 ml / Bottle	P	H
545021261	Ketotifen	Eye Dropper	0.025% 5 ml/ Bottle	NP	
11.02.03. Antihistamine					
545031521	Olopatadine HCL	Eye Dropper	0.1% 5 - 10 ml/Bottle	P	H
545031522	Olopatadine HCL	Eye Dropper	0.2% 5 - 10 ml/Bottle	P	H
11.03. Mydriatics And Cycloplegics					
11.03.01. Antimuscarinics					
550013400	Atropine sulfate	Eye Dropper	0.5 % 5 - 10 ml/Bottle	P	H
550013402	Atropine sulfate	Eye Dropper	1% 5 - 10 ml/ Bottle	NP	
550013410	Atropine sulfate	Eye Ointment	1 % 3 - 5 gm/ Tube	P	H

550013419	Cyclopentolate HCL	Eye Dropper	1 % 10 - 15 ml/ Bottle	P		H
550013416	Cyclopentolate HCL	Single Dose (Minims)	0.5 %	NP		
550013420	Tropicamide	Eye Dropper	1 % 10 - 15 ml/ Bottle	P		H
550013422	Homatropine	Eye Dropper	2% 10 ml/Bottle	NP		
11.03.02. Sympathomimetics						
550013440	Naphazoline	Eye Dropper	0.1 % 15 ml/ Bottle	P	PHC	H
550013443	Oxymetazoline	Eye Dropper	0.025% 15 ml/ Bottle	NP		
550013430	Phenylephrine HCL	Eye Dropper	2.5 % 5 ml/ Bottle	P		H
550013432	Phenylephrine HCL	Eye Dropper	10 % 5 - 10 ml/ Bottle	NP		
11.04. Treatment Of Glaucoma						
11.04.01. Miotics						
550013320	Pilocarpine	Eye Dropper	2 % 10 ml/ Bottle	P		H
550013330	Pilocarpine	Single Dose (Minims)	2%	NP		
11.04.02. Beta-Blockers						
550063775	Betaxolol HCL	Eye Dropper	0.5 % 5 ml/ Bottle	P		H
550063776	Carteolol hcl	Eye Dropper	1 % 5 ml/ Bottle	NP		
550013315	Timolol	Eye Dropper	0.5 % 5 - 10 ml/ Bottle	P		H
550013317	Latanoprost	Eye Dropper	0.005 % 2.5 ml/ Bottle	P		H
550013319	Bimatoprost	Eye Dropper	0.03 % 3 - 5 ml/ Bottle	P		H
550014336	Apracloidine hcl	Eye Dropper	0.5% 5 ml/ Bottle	NP		
550013321	Brimonidine tartrate	Eye Dropper	0.2% 5 ml/ Bottle	NP		
11.04.03. Systemic Drugs						
550011360	Acetazolamide	Tablet OR Capsule	250 mg	P		H
550014370	Acetazolamide	Vial	500 mg	P		H

550014163	Dorzolamide	Eye Dropper	2% 5 ml / Bottle	P		H
550014161	Brinzolamide	Eye Dropper	1% 5 ml / Bottle	NP		
550014165	Dorzolamide + Timolol	Eye Dropper	2 + 0.5% 5 ml / Bottle	NP		
11.05. Local Anesthetics						
550013014	Amethocain	Eye Dropper	0.5% 10 - 15 ml	NP		
550013001	Proparacaine	Eye Dropper	0.5 % 10 - 15 ml	P		H
550013013	Amethocain	Single Dose (Minims)	0.50%	NP		
551066410	Oxybuprocaine	Single Dose (Minims)	0.40%	NP		
550013015	Lidocain + Fluorescein sodium	Single Dose (Minims)	4% + 0.25%	NP		
11.06. Miscellaneous Ophthalmic Preparations						
11.06.01. Preparations For Tear Deficiency						
550013455	Artificial Tears	Eye Dropper	10 - 15 ml	P	PHC	H
550013457	Hydroxypropyl-methylcellulose	Single Dose (Minims)	0.30%	NP		
550013456	Carboxymethyl-cellulose	Single Dose (Minims)	0.50%	NP		
550013461	Liquid Parafin	Eye Ointment	30 - 42.5%	NP		
550063777	Polyacrylic acid	Eye Gel	0.2 - 0.25 %	NP		
11.06.02. Other Preparations						
550014330	Acetylcholine chloride	Vial	1%	P		H
550013450	Sterile Balanced Salt Solution (BSS)	Sterile Solution	250 - 500 ml	P		H
550014462	Sodium Hyaluronate	Eye Dropper	0.2% 5-15ml/ Bottle	P		H
550014460	Hyaluronate(moleculer weight over 3 million)	Disposable Syringe	1% 10mg/ ml 0.4 - 0.6 ml	P		H
550014461	Hyaluronate(moleculer weight over 3 million)	Disposable Syringe	2 % 20mg/ ml 2 ml	P		H
11.06.02. Diagnostic Preparations						
550013010	Fluorescein	Single Dose (Minims)	2% 0.5 ml/ Dose	P		H
550014015	Fluorescein	Ampoule	10% 5 ml	NP		
550013020	Rose Bengal	Single Dose (Minims)	1%	NP		

Chapter 12
Drugs used in The Treatment Of Disease of The EAR, NOSE, AND OROPHARYNX

Code No.	Item Specification	Dosage Form	Strength			
12. Drugs used in The Treatment Of Disease of The EAR, NOSE, AND OROPHARYNX						
12.01. Drugs Acting On The Ear						
12.01.01. Antinfective Preparation						
550028500	Chloramphenicol	Ear Dropper	5% (5 - 10 ml/ Bottle)	P		H
550014366	Ciprofloxacin	Ear Dropper	2 mg/ 1 ml 5 - 10 ml/ Bottle	P		H
550013054	Clotrimazole	Ear Dropper	1% 10 - 15 ml/ Bottle	NP		
550013056	Econazole	Ear Dropper	1% 10 - 15 ml/ Bottle	NP		
550028510	Imidazole derivative	Ear Dropper	1% (10 ml/ Bottle)	P		H
550028530	Gentamicin + Betamethasone	Eye/ Ear Dropper	0.3 + 0.1% 5 ml/ Bottle	P	PHC	H
550028531	Gentamicin+ Hydrocortisone	Ear Dropper	0.3% + 1% 5 - 10 ml/ Bottle	NP		
550028533	Polymyxin B sulfate + Neomycin sulfate + Hydrocortisone	Ear Dropper	10.000 IU + 3400 IU + 1%	NP		
550028520	Polymyxin B sulfate + Hydrocortisone	Ear Dropper	10,000 IU + 0.5%	P		H
12.01.02. Other Ear preparations						
550028532	Wax removal	Ear Dropper	10 ml/ Bottle	P	PHC	H
12.02. Drugs Acting On The Nose						
12.02.01 Drugs used in Nasal Allergy						
550063768	Mometasone	Nasal spray	50mcg/metered spray	NP		

549066410	Beclomethasone	Nasal spray	50mcg/ metered spray	NP	
549066474	Budesonide	Nasal spray	64 mcg/ metered spray	P	H
549066450	Fluticasone	Nasal spray	120mcg/metered spray	P	H
550038561	Cromoglycate Sodium	Nasal spray	2%	P	H
12.02.02. Topical Nasal Decongestants					
550038540	Naphazoline HCL +Chlorpheniramine	Nasal drops	500 mcg + 500mcg/ml	P	H
550038560	Xylometazoline HCL	Nasal drops	0.05 % 10 - 15 ml/ Bottle	P	H
550038565	Mupirocin	ointment	0.02	NP	
12.03. Drugs Acting On The Oropharynx					
12.03.01. Mouth wash					
550048570	Chlorhexidine Gluconate	Mouth Wash	0.2% 150 ml	P	H

Chapter 13
Drugs Acting on the Skin

Code No.	Item Specification	Dosage Form	Strength			
13.Drugs Acting on the Skin						
13.01. Emollient and Barrier Preparation						
550013340	Urea	Cream	10 % 30 g/ tube	NP		
550013341	Lubricant	Gel	30 - 50 g/ tube	NP		
13.02. Surface Anaesthesia						
551063412	Lidocaine + Prilocaine	Cream	2.5% + 2.5% 15 gm Tube	P		H
13.03. Topical Corticosteroids						
550063750	Hydrocortisone	Cream	1% 10 - 15 gm/Tube	P	PHC	H
550063769	Betamethasone dipropionate	Cream	0.05 %15 - 45g/Tube	P		H
550063780	Hydrocortisone + Clioquinol	Ointment	1% + 3% 10 - 30 g/ tube	P		H
550063745	Calcipotriol + Betamethasone dipropionate	Ointment	50 mcg + 0.5 mg	P		H
550063770	Betamethasone valerate	Scalp lotion	0.1 % 20 - 30 ml Bottle	P		H
550063771	Betamethasone dipropionate	Scalp lotion	0.05 % 20 - 30 ml Bottle	NP		
550063772	Clobetasol propionate	Cream	0.05% 15 - 45g/ Tube	P		H
550063774	Clobetasol propionate	Ointment	0.05% 15 - 45g/ Tube	P		H
550063761	Mometasone furoate	Cream	0.1% 15 - 45g/ Tube	P		H
550063762	Mometasone furoate	Ointment	0.1% 15 - 45g/ Tube	P		H
550063733	Triamcinolone acetonide	Ointment	0.1% 15g/ Tube	P		H

550063765	Betamethasone dipropionate	Cream	0.1 %15 - 45g/ Tube	P		H
550063767	Triamcinolone acetonide	Cream	0.10%	NP		
13.04. Preparation for Eczema And Psoriasis						
13.04.01. Topical Preparations						
550060111	Coal tar	Ointment	5 % 50 - 100g/ Tube	NP		
550060112	Coal tar	Shampoo	1 % 100 - 200g/ Bottle	NP		
550060113	Dithranol	Ointment	0.1 - 0.2 % 30 - 50g/ Tube	NP		
550063743	Calcipotriol	Ointment	50mcg/ gm (30gm/Tube)	P		H
13.04.02. Oral Retinoids for Psoriasis						
550061870	Acitretin	Capsule	10 mg	P		H
13.05. Preparation for Acne And Hirsutism						
13.05.01 Keratolytics						
550061609	Azelaic acid	Cream	20 % 30 g/ Tube	NP		
550063620	Benzoyl peroxide	Lotion OR Gel	5 % (30 - 60 ml OR gm)	P	PHC	H
13.05.02. Topical Antibiotics						
550063630	Clindamycin OR Erythromycin	Topical Solution	1% 10 mg/ ml 30 ml/ Bottle	P		H
13.05.03. Topical Retinoids						
550063610	Retinoic acid (Tretinoin)	Cream OR Gel	0.05 % 20 - 30 gm Tube	P	PHC	H
13.05.04. Oral Retinoids						
550061605	Isotretinoin	Capsule	5 mg	NP		
550061606	Tretinoin	Capsule	10 mg	NP		
550061607	Isotretinoin	Capsule	10 mg	P		H
550061608	Isotretinoin	Capsule	20 mg	P		H
13.05.04. Hormone Therapy For Hirsutism						
547011090	Co-cyprindiol (Cyproterone acetate + Ethinyl estradiol)	Tablet	2mg + 35mcg	NP		

13.06. Camouflagers						
550063800	Methoxsalen + Ammidine	Lotion	15 ml/ Bottle	P		H
13.07. Anti-infective Skin Preparations						
13.07.01. Topical Antibacterials						
550063670	Silver Sulfadiazine (Sterile)	Cream	1 % 50 gm/ Tube	P	PHC	H
550063680	Silver Sulfadiazine (Sterile)	Cream	1 % 500 gm/ Jar	P		H
550063720	Fusidic Acid	Ointment	2% 10 - 15 gm/ Tube	P		H
550038566	Mupirocin	Ointment	2 % 15 gm/ Tube	NP		
13.07.02. Topical Antifungals						
550063730	Imidazole derivative	Cream	1 - 2 % (15 gm/ tube)	P	PHC	H
540021488	Ketoconazole Alternative Item	Cream	2% 15 - 30 gm/ Tube	P		H
540021490	Econazole Alternative Item	Cream	1% 15 - 30 gm/ Tube	P		H
540021492	Clotrimazole Alternative Item	Cream	1% 15 - 30 gm/ Tube	P		H
550063740	Nystatin	Ointment	100.000 U/gm 15 - 20 gm/ Tube	P		H
13.07.03. Topical Antiviral						
550063700	Acyclovir	Cream	5% 10 gm/ Tube	P		H
13.07.04. Miscellaneous						
550063660	B-sitosterol	Ointment	0.25% 30 gm/ Tube	P		H
13.08. Parasiticdal Preparations						
550063652	Permethrin	Cream	5% 30 gm/ Tube	P		H
550063651	Permethrin	Cream OR Topical liquid	1% 60 ml/ Bottle	NP		
550063790	Pyrethrins	Cream Rinse	0.3% 60 - 120 ml/ Bottle	NP		
13.09. Topical NSAIDs						
545023267	Diclofenac	Gel	1 - 3% 100 gm/ Tube	P		H

Chapter 14
VACCIN AND IMMUNOLOGIC PRODUCTS

Code No.	Item Specification	Dosage Form	Strength		
14. Vaccin and Immunologic products					
14.01. Vaccines AND Antisera					
542014010	BCG Vaccine (Bacillus Calmette - Guérin)	5 - 10 Doses/ Vial	P	PHC	H
542014028	Meningococcal Polysaccharide Sero Group (A,C,Y,W-135)	5 - 10 Doses/ Vial	P	PHC	H
542014029	Meningococcal Group (A,C,Y & W-135) polysaccharide diphtheria toxoic conjugated vaccine	Single dose Vials	P		H
542014030	Pneumococcal Polyvalent (23 Valent) Vaccine.	0.5 Ml. / Ampoule	P		H
542014042	Conjugate Pneumococcal Vaccine Common Serotype (4,23f,6b,19f,18c,9v,19a,3,6a,5) (Pcv13)	Single Dose 0.5ml/Vial (Pcv13)	P		H
542014105	Influenza Virus Vaccine	Single Dose	NP		
542014120	Diphtheria And Tetanus Vaccine For Adults	5-10 Dose/Vial	P		H
542014130	Diphtheria And Tetanus Vaccine For Children	5-10 Dose/Vial	P	PHC	H
542014140	Diphetheria ,Tetanus, Pertussis Vaccine (Dtp)	5-10 Dose/Vial	P	PHC	H
542014150	Tetanus Vaccine	Single Dose	NP		
542014155	Tetanus Vaccine	5-10 Dose/Vial	NP		
542014160	Typhoid Vaccine	Single Dose	P	PHC	H
542014203	Measles Vaccine	Single Dose	P		H
542014225	Haemophilus Influenza + Dpt Vaccine	Single Dose	P	PHC	H
542014227	Haemophilus Influenza Vaccine	Single Dose	P	PHC	H
542014228	Dpt+Hepatitus B Hib Vaccine (Pentavalent) Children	Single Dose	P	PHC	H
542014230	Triple Virus Vaccine (Mmr)	10 Dose/Vial	P	PHC	H
542014235	Injectionectable Polio Vaccines (Ipv) (Salk Vaccines).	Single Dose	P	PHC	H

542014240	Poliomyelitis Vaccine Live Oral: (Sabin Strain)	5-10 Dose/Vial	P	PHC	H
542014250	Rabies Virus Vaccine	Single Dose	P	PHC	H
542014260	Yellow Fever Vaccine	Single Dose	P		H
542014266	Varicella- Zoster Virus (Chicken Pox Vaccine)	Single Dose	P	PHC	H
542014270	Hepatitis B Vaccine (For Adolescent And Adults)	Single Dose	P	PHC	H
542014276	Hepatitis(A) Vaccines For Children	Single Dose	P	PHC	H
542014277	Hepatitis A Vaccines For Adults And Adolesent	Single Dose	P		H
542014280	Hepatitis B Vaccine (For Children)	Single Dose	P	PHC	H
542024340	Tuberculin Ppd Skin Test	2u/0.1ml	P		H
542024345	Tuberculin Purified Protein Derivatives	10u/0.1ml	P		H
542024350	Anti Rabies Serum (Horse Origin)	5-10ml/Ampoul	P	PHC	H
542034401	Mixed Gas Gangrene Antitoxin	Single Dose	NP		
542034430	Diphtheria Antitoxin	Amp	NP		
542034440	Tetanus Antitoxin	1500 I.U. / 1 Ml	P	PHC	H
542034450	Tetanus Antitoxin	50,000 I.U. / 10 Ml	NP		

14.2. Immunoglobulis

542024301	Human Normal Immunoglobulin For I.M. Injectionection	2 Ml/Amp	P		H
542024310	Immunoglobulin I.V. Injectionection.	2-5gm/Vial	P		H
542024320	Hepatitis (B) Immunoglobulin For I.M. Injectionection	1-2 Ml/Amp	P		H
542024355	Rabies Immunoglobulin (Of Human Origin)	10 Ml/Amp	P		H
542024330	Human Tetanus Immunoglobulin For I.M. Injectionection (Prophylaxis)	2 Ml/Rrubbed Capped Vial	P	PHC	H
542024360	Anti- Rho (D) Immunoglobulin	Ampoule Or Vial 200 - 300 mcg	P	PHC	H
542024361	Anti- Rho (D) Immunoglobulin	Ampoule Or Vial 1500 I.U. 300 mcg	P		H

542024362	Anti- Rho (D) Immunoglobulin	Ampoule Or Vial	2500 I.U. 500 mcg	P		H
14.03. ANTIVENOMS						
542034410	Scorpion Anti-Venin	1 ml/ Ampoule		P	PHC	H
542034420	Snake Anti-Venin	1 ml/ Ampoule		P	PHC	H

Chapter 15
DRUGS USED IN ANESTHESIA

Code No.	Item Specification	Dosage Form	Strength			
15. Drugs used in Anesthesia						
15.01. General Anesthesia						
15.01.01. Intravenous Anesthetics						
545044650	Thiopental sodium	Ampoule OR Vial	500 mg	P		H
545044659	Etomidate	Ampoule	2 mg/ ml 10 ml	NP		H
545044670	Ketamine HCL	Vial	10 mg/ ml (20 ml)	P		H
545044658	Propofol	Vial	10 mg/ ml (20 ml)	P		H
15.01.02. Inhalational Anesthetics						
545046692	Isoflurane	Inhalation Vial	100 ml/ Bottle	P		H
545046696	Sevoflurane	Inhalation Vial	250 ml/ Bottle	P		H
15.01.03. Antimuscarinic Premedication Drugs						
545064890	Atropine sulfate	Ampoule	0.4 - 0.6 mg/ 1 ml	P	PHC	H
545064892	Atropine sulfate	Prefilled Syringe	0.1 mg/ ml (10ml)	P		H
545032630	Glycopyrrolate bromide	Ampoule	200 mg	P		H
15.01.04. Muscle Relaxants						
545064840	Atracurium besylate	Ampoule	10 mg/ ml(25 mg)	P		H
545064830	Pancuronium bromide	Ampoule	4 mg	P		H
545064839	Rocuronium bromide	Ampoule	10 mg	P		H
545064850	Succinylcholine chloride	Ampoule OR Vial	100mg	P		H
545064851	Vecuronium bromide	Vial	10mg	NP		
15.01.05. Anticholinesterases Used in Surgery						
545064863	Edrophonium chloride	Ampoule	10mg	NP		

545064864	Neostigmine methylsulfate	Ampoule	2.5mg	NP		
15.01.06. Antagonists for Central and Respiratory Depression						
551074468	Flumazenil	Ampoule	500 mcg in 5 ml	P		H
551074480	Naloxone HCL	Ampoule	40 mcg/ 2 ml	P		H
551074470	Naloxone HCL	Ampoule	400 mcg/ ml	P	PHC	H
15.01.06. Antagonists for Malignant Hyperthermia						
545064880	Dantrolene sodium	Vial	20 mg	P		H
15.02. Local Anesthesia						
551064415	Lidocaine HCL	Vial	1 % (20 ml)	P		H
551064427	Lidocaine HCL	Vial	2% (20 - 50 ml)	P		H
544064389	Lidocaine HCL	Ampoule	5% 2 ml	NP		
551064430	Lidocaine HCL + Adrenaline	Vial	1% + 1:100,000	P		H
544064391	Lidocaine HCL + Adrenaline	Vial	1% + 1:200,000	NP		
551064435	Lidocaine HCL + Adrenaline	Cartridge	2 % + 1:80,000 1.8 ml	P		H
551066405	Lidocaine HCL	Ointment	5% 15 - 20 gm / Tube	P		H
551063410	Lidocaine HCL (Water Miscible Sterile Tube)	Gel	2% 15 - 30 gm / Tube	P	PHC	H
551066400	Lidocaine HCL	Aerosol Spray	10% 50 ml / Pack	P	PHC	H
551064445	Bupivacaine HCL	Vial	0.25% (20 ml)	P		H
551064444	Ropivacaine HCL	Vial	0.2 10 ml	NP		
551064450	Bupivacaine HCL	Vial	0.5% (20 ml)	P		H
551064440	Prilocaine HCL + Felypressin	Cartridge	54 mg + 0.81 mg (1.8 ml)	P	PHC	H
551064451	Bupivacaine HCL (Heavy for Spinal Anaesthesia)	Ampoule	0.50%	P		H

Chapter 16/ Appendix I
Solutions (Concentrates) Used For Peritoneal Dialysis / Hemodialysis

Code No.	Item Specification	Dosage Form		
16. Solutions (Concentrates) Used For Peritoneal Dialysis/ Hemodialysis				
16.01. Peritoneal Dialysis Solutions				
550073980	Peracetic Acid (Free Aldehyde Disinfectant)	3% Solution	P	H
551017001	Peritoneal Dialysis Fluid With Adaptor With 1.5% Dextrose For Acute Dialysis One Liter Of The Solution Contains The Following:- 131 Mmol (Meq) Of Na+, 2.0 Mmol (4.0 Meq) Of Ca++, 1.0 Mmol (2.0 Meq) Of Mg++, 102.0 Mmol (Meq) Of Cl-, 35.0 Mmol (Meq) Of Acetate, 83.26 Mmol (Mosm) Of Dextrose, Total Osmolarity = 354.26 Mosm / Liter	Solution One Liter Bag.	P	H
551017005	Peritoneal Dialysis Fluid With Adaptor With 1.36-1.5% Dextrose, 250 Ml. For Capd , Containing The Following:- Na 131 - 135 Mmol, Ca 1.25-1.75 Mmol, Mg 0.75 Mmol, Cl 102 Mmol, Lactate 35 - 38 Mmol / Liter, 250 Ml. / Plastic Bag. Bags Are Connected With Stay Safe System Which Should Include Disinfection Cap And Stay Safe Disc.Organizer And Organizer Holder For Each Patient.Titanum Or Biofine Adaptor And Catheter Extention For Each 450 Bags For Adult And For Each 200 Bags For Pediatrics.Note When The Price Is Equal Biofine Is Prefered Over Plastic As The Content Of The Bags And Tubes And Bicarbonate 25-40 Mmol \Liter Is Preferd Over Lactate	Solution	P	H

551017006	Renal Dialysis (Rd) With Adaptor Peritoneal Dialysis Fluid With 1.36- 1.5% Dextrose, 500 Ml. For Capd , Containing The Following :- Na 131 - 135 Mmol, Ca 1.25-1.75 Mmol, Mg 0.75 Mmol, Cl 102 Mmol, Lactate 35 - 38 Mmol / Liter, 500 Ml. / Plastic Bags Are Connected With Stay Safe System Which Should Include Disinfection Cap And Stay Safe Disc.Organizer And Organizer Holder For Each Patient.Titanum Or Biofine Adaptor And Catheter Extention For Each 450 Bags For Adult And For Each 200 Bags For Pediatrics.Note When The Price Is Equal Biofine Is Prefered Over Plastic As The Content Of The Bags And Tubes And Bicarbonate 25-40 M Mol \Liter Is Preferd Over Lactate	Solution	P	H
551017007	Peritoneal Dialysis Fluid With Adaptor With 1.36- 1.5% Dextrose, 500 Ml. For Capd , Containing The Following :- Na 131 - 135 Mmol, Ca 1.25-1.75 Mmol, Mg 0.75 Mmol, Cl 102 Mmol, Lactate 35 - 38 Mmol / Liter, 500 Ml. / Plastic Bags Are Connected With Stay Safe System Which Should Include Disinfection Cap And Stay Safe Disc.Organizer And Organizer Holder For Each Patient.Titanum Or Biofine Adaptor And Catheter Extention For Each 450 Bags For Adult And For Each 200 Bags For Pediatrics.Note When The Price Is Equal Biofine Is Prefered Over Plastic As The Content Of The Bags And Tubes And Bicarbonate 25-40 M Mol \Liter Is Preferd Over Lactate	Solution	P	H
551017008	Peritoneal Dialysis Fluid With Adaptor With 1.36- 1.5% Dextrose, 2000 Ml. For Capd , Containing The Following:- Na 131 - 135 Mmol, Ca 1.25-1.75 Mmol, Mg 0.75 Mmol, Cl 102 Mmol, Lactate 35 - 38 Mmol / Liter, 2000 Ml. / Plastic Bag Bags Are Connected With Stay Safe System Which Should Include Disinfection Cap And Stay Safe Disc.Organizer And Organizer Holder For Each Patient.Titanum Or Biofine Adaptor And Catheter Extention For Each 450 Bags For	Solution	P	H

	Adult And For Each 200 Bags For Pediatrics.Note When The Price Is Equal Biofine Is Prefered Over Plastic As The Content Of The Bags And Tubes And Bicarbonate 25-40 M Mol \Liter Is Preferd Over Lactate			
551017012	Peritoneal Dialysis Fluid With Adaptor With 2.3 - 2.5 % Dextrose, 250 Ml. For Capd , Containing The Following:- Na 131 - 135 Mmol, Ca 1.25-1.75 Mmol, Mg 0.75 Mmol, Cl 102 Mmol, Lactate 35 - 38 Mmol / Liter, 250 Ml. / Plastic Bags Are Connected With Stay Safe System Which Should Include Disinfection Cap And Stay Safe Disc.Organizer And Organizer Holder For Each Patient.Titanum Or Biofine Adaptor And Catheter Extention For Each 450 Bags For Adult And For Each 200 Bags For Pediatrics.Note When The Price Is Equal Biofine Is Prefered Over Plastic As The Content Of The Bags And Tubes And Bicarbonate 25-40 Mmol \Liter Is Preferd Over Lactate		P	H
551017013	Peritoneal Dialysis Fluid With Adaptor With 2.3 - 2.5% Dextrose, 500 Ml. For Capd , Containing The Following :- Na 131 - 135 Mmol, Ca 1.25-1.75 Mmol, Mg 0.75 Mmol, Cl 102 Mmol, Lactate 35 - 38 Mmol / Liter,500 Ml. / Plastic Bags Are Connected With Stay Safe System Which Should Incl}De Disinfection Cap And Stay Safe Disc.Organizer And Organizer Holder For Each Patient.Titanum Or Biofine Adaptor And Catheter Extention For Each 450 Bags For Adult And For Each 200 Bags For Pediatrics.Note When The Price Is Equal Biofine Is Prefered Over Plastic As The Content Of The Bags And Tubes And Bicarbonate 25-40 Mmol \Liter Is Preferd Over Lactate	Solution	P	H

551017014	Peritoneal Dialysis Fluid With Adaptor With 2.3 -2.5% Dextrose, 1000 Ml. For Capd , Containing The Following :- Na 131 - 135 Mmol, Ca 1.25-1.75 Mmol, Mg 0.75 Mmol, Cl 102 Mmol, Lactate 35 - 38 Mmol / Liter, 1000 Ml. / Plastic Bags Are Connected With Stay Safe System Which Should Include Disinfection Cap And Stay Safe Disc.Organizer And Organizer Holder For Each Patient.Titanum Or Biofine Adaptor And Catheter Extention For Each 450 Bags For Adult And For Each 200 Bags For Pediatrics.Note When The Price Is Equal Biofine Is Prefered Over Plastic As The Content Of The Bags And Tubes And Bicarbonate 25-40 Mmol \Liter Is Preferd Over Lactate	Solution	P	H
551017016	Peritoneal Dialysis Fluid With Adaptor With 3.86-4.25% Dextrose, 250 Ml. For Capd , Containing The Following:-Na 131 - 135 Mmol, Ca 1.25-1.75 Mmol, Mg 0.75 Mmol, Cl 102 Mmol, Lactate 35 - 38 Mmol / Liter, 250 Ml. /Plastic Bags Are Connected With Stay Safe System Which Should Include Disinfection Cap And Stay Safe Disc.Organizer And Organizer Holder For Each Patient.Titanum Or Biofine Adaptor And Catheter Extention For Each 450 Bags For Adult And For Each 200 Bags For Pediatrics.Note When The Price Is Equal Biofine Is Preferred Over Plastic As The Content Of The Bags And Tubes And Bicarbonate 25-40 M Mol \Liter Is Preferd Over Lactate	Solution	P	H
551017017	Peritoneal Dialysis Fluid With Adaptor With 3.86-4.25% Dextrose, 500 Ml. For Capd , Containing The Following:- Na 131 - 135 Mmol, Ca 1.25-1.75 Mmol, Mg 0.75, Mmol , Cl 102 Mmol, Lactate 35 - 38 Mmol / Liter, 500 Ml. / Plastic Bags Are Connected With Stay Safe System Which Should Include Disinfection Cap And Stay Safe Disc.Organizer And Organizer Holder For Each Patient.Titanum Or Biofine Adaptor And Catheter Extention For Each 450 Bags For	Solution	P	H

	Adult And For Each 200 Bags For Pediatrics.Note When The Price Is Equal Biofine Is Prefered Over Plastic As The Content Of The Bags And Tubes And Bicarbonate 25-40 Mmol \Liter Is Preferd Over Lactate			
551017018	Peritoneal Dialysis Fluid With Adaptor With 3.86- 4.25% Dextrose, 1000 Ml. For Capd , Containing The Following:- Na 131 - 135 Mmol, Ca 1.25-1.75 Mmol, Mg 0.75 Mmol, Cl 102 Mmol, Lactate 35 - 38 Mmol / Liter 1000 Ml. / Plastic Bags Are Connected With Stay Safe System Which Should Include Disinfection Cap And Stay Safe Disc.Organizer And Organizer Holder For Each Patient.Titanum Or Biofine Adaptor And Catheter Extention For Each 450 Bags For Adult And For Each 200 Bags For Pediatrics.Note When The Price Is Equal Biofine Is Prefered Over Plastic As The Content Of The Bags And Tubes And Bicarbonate 25-40 Mmol \Liter Is Preferd Over Lactate	Solution	P	H
551017019	Peritoneal Dialysis Fluid With Adaptor With 3.86- 4.25% Dextrose, 2000 Ml. For Capd , Containing The Following:- Na 131 - 135 Mmol, Ca 1.25-1.75 Mmol, Mg 0.75 Mmol, Cl 102 Mmol, Lactate 35 - 38 Mmol / Liter, 2000 Ml. / Plastic Bags Are Connected With Stay Safe System Which Should Include Disinfection Cap And Stay Safe Disc.Organizer And Organizer Holder For Each Patient.Titanum Or Biofine Adaptor And Catheter Extention For Each 450 Bags For Adult And For Each 200 Bags For Pediatrics.Note When The Price Is Equal Biofine Is Prefered Over Plastic As The Content Of The Bags And Tubes And Bicarbonate 25-40 Mmol \Liter Is Preferd Over Lactate	Solution	P	H
551017020	Peritoneal Dialysis Fluid With Adaptor With 4.25% Dextrose For Acute Peritoneal Dialysis One Liter Of The Solution Contains The Following:- 131 Mmol (Meq) Of Na+, 2.0 Mmol (4.0 Meq) Of Ca++, 1.0 Mmol (2.0 Meq)	Solution	P	H

	Of Mg++, 102.0 Mmol (Meq) Of Cl-, 35.0 Mmol (Meq) Of Acetate (Equivalent To Hco3 -), 235.9 Mmol (Mosm) Of Dextrose, Total Osmolarity = 506.9 Mosm / Liter In One Liter Container.			
551017040	(Peritoneal Dialysis Set For Home Choice Machine) Cycler Machine Home Chice Cassette-Line 4 Prongs- Luer, Lock Mincap With Povadine Titanium Adaptor. Transfer Set With Twist Clamp. The Dialysate Bag Contains 1.36% Dextrose, 5000ml, Low Calcium.	Solution	P	H
551017041	(Peritoneal Dialysis Set For Home Choice Machine) Cycler Machine Home Chice Cassette-Line 4 Prongs- Luer, Lock Mincap With Povadine Titanium Adaptor. Transfer Set With Twist Clamp. The Dialysate Bag Contains 3.86% Dextrose, 3000ml, Low Calcium.	Solution	P	H
551017042	(Peritoneal Dialysis Set For Home Choice Machine) Cycler Machine Home Chice Cassette-Line 4 Prongs- Luer, Lock Mincap With Povadine Titanium Adaptor. Transfer Set With Twist Clamp. The Dialysate Bag Contains 2.27% Dextrose, 3000ml, Low Calcium.	Solution	P	H
551017043	(Peritoneal Dialysis Set For Home Choice Machine) Cycler Machine Home Chice Cassette-Line 4 Prongs- Luer, Lock Mincap With Povadine Titanium Adaptor. Transfer Set With Twist Clamp. The Dialysate Bag Contains 1.36% Dextrose, 3000ml, Low Calcium.	Solution	P	H
551017044	(Peritoneal Dialysis Set For Home Choice Machine)Cycle Machine Home Choice Cassette - Line 4 Prongs - Luer -Lock Minicap With Povadine Titanium Adapter. Transfer Set With Twist Clamp. The Dialysate Bag Contains 3.86% Dextrose, 5000ml,Low Calcium.	Solution	P	H

551017045	(Peritoneal Dialysis Set For Home Choice Machine)Cycle Machine Home Choice Cassette - Line 4 Prongs - Luer -Lock Minicap With Povadine Titanium Adapter. Transfer Set With Twist Clamp. The Dialysate Bag Contains 2.27% Dextrose, 5000ml,Low Calcium.	Solution	P	H
551017046	Peritoneal Dialysis Set For Sleep Safe Machine+Dextrose 1.5% 3000ml (Renal Dialysis Solution 3000 Ml With Dextrose 1.5% For Sleep Safe Cycler Machine,Should Include A.P.D Set Organizer, Organizer Holder,Organizer Clip Per Patient,Titanum Or Biofine Adaptor And Cathetr Extention Per 450 Bag For Adult And Per 200 For Pediatric,One Sleep Safe Set (Lines Cassettle) A.P.D.Drainage Bag, Disinfecion Cap For Adult Per 3 Bags;And For Pediatrics Per 2 Bags Note;When The Price Is Equal Biofine Is Preferd Over Plastic As The Content Of The Bags And Tubes And Bicarbonate 25-40 M Mol\Litre Is Preferd Over Lactate)	Solution	P	H
551017048	Peritoneal Dialysis Set For Sleep Safe Machine+Dextrose 2.3% 3000ml (Renal Dialysis Solution 3000 Ml With Dextrose 2.3% For Sleep Safe Cycler Machine,Should Include A.P.D Set Organizer, Organizer Holder,Organizer Clip Per Patient,Titanum Or Biofine Adaptor And Cathetr Extention Per 450 Bag For Adult And Per 200 For Pediatric,One Sleep Safe Set (Lines Cassettle) A.P.D.Drainage Bag, Disinfecion Cap For Adult Per 3 Bags;And For Pediatrics Per 2 Bags Note;When The Price Is Equal Biofine Is Preferd Over Plastic As The Content Of The Bags And Tubes And Bicarbonate 25-40 M Mol\Litre Is Preferd Over Lactate)	Solution	P	H

551017050	Peritoneal Dialysis Set For Sleep Safe Machine+Dextrose 2.3% 5000ml(Renal Dialysis Solution 5000 Ml With Dextrose 2.3% For Sleep Safe Cycler Machine,Should Include A.P.D Set Organizer, Organizer Holder,Organizer Clip Per Patient,Titanum Or Biofine Adaptor And Cathetr Extention Per 450 Bag For Adult And Per 200 For Pediatric,One Sleep Safe Set (Lines Cassettle) A.P.D.Drainage Bag, Disinfecion Cap For Adult Per 3 Bags;And For Pediatrics Per 2 Bags Note;When The Price Is Equal Biofine Is Preferd Over Plastic As The Content Of The Bags And Tubes And Bicarbonate 25-40 M Mol\Litre Is Preferd Over Lactate)	Solution	P	H
551017052	Peritoneal Dialysis Set For Sleep Safe Machine+Dextrose 4.25% 3000ml (Renal Dialysis Solution 3000 Ml With Dextrose 4.25% For Sleep Safe Cycler Machine,Should Include A.P.D Set Organizer, Organizer Holder,Organizer Clip Per Patient,Titanum Or Biofine Adaptor And Cathetr Extention Per 450 Bag For Adult And Per 200 For Pediatric,One Sleep Safe Set (Lines Cassettle) A.P.D.Drainage Bag, Disinfecion Cap For Adult Per 3 Bags;And For Pediatrics Per 2 Bags Note;When The Price Is Equal Biofine Is Preferd Over Plastic As The Content Of The Bags And Tubes And Bicarbonate 25-40 M Mol\Litre Is Preferd Over Lactate)	Solution	P	H
551017056	Icodextran 7.5% 2litre Single Bag For A.P.D	Solution	P	H

16.02. Hemodialysi Concentrates And Related Materials

551017431	Pyrogen Free Hemofiltration Solution In 4.5 Litres Bi-Chamber Bicarbonate Bag With The Following:- Na 138 Mmol / L, K = 2 Mmol / L, Ca = 2 Mmol / L, Mg = 0.75 Mmol / L, Cl=111.5 Mmol / L,Bicarbonate =25-40 Meq / L.	Solution	P	H
551027105	Hemodialysis Acid Cocentrate For Bicarbonate Dialysis , In Dilution (1 :44) Gives The Following Concentrations:- In M Mol / 1l ,Na 100, K 2.00, Ca 1.75, Mg 0.375, Cl 106.25, Acetate 2.00, Dextrose 1.1gm/L, Total Osmolarity = 218.00 Mosm / L In 5 Liters	Solution	P	H

551027108	Hemodialysis Acid Cocentrate For Bicarbonate Dialysis , In Dilution (1 :44) Gives The Following Concentrations:- In M Mol / 1l ,Na 100, Ca 1.5, Mg 0.375, Cl 105.75, Potassium 1mmol/L, Acetate 2.00, Dextrose 1.1gm/L, Total Osmolarity = 217.00 Mosm /L In 5 Liters	Solution	P	H
551027110	Hemodialysis Acid Cocentrate For Bicarbonate Dialysis , In Dilution (1 : 44) Gives The Following Concentrations:- In M Mol / 1l , Dextrose 1.1g/L, Na 100, K 2.00, Ca 1.5 Mg 0.375, Cl 105.75, Acetate 2.00, Total Osmolarity = 212.00 Mosm / L In 5 Liters	Solution	P	H
551027115	Hemodialysis Acid Cocentrate For Bicarbonate Dialysis , In Dilution (1:34) Gives The Following Concentrations:- In Mmol / L, Na 103, K 2.00, Ca 1.5 , Mg 0.5 Acetate 2.97, Cl 109, Dextrose 1.1 Gm/L, Total Osmolarity = 225 Mosm / L In 5 Liters Container .	Solution	P	H
551027120	Heamodialysis Acid Concentrate For Bicarbonate Dialysis Formula (Ff2) After Diluting 1 Liter Concentrate With 34 Liters Of Water, The Following Concentrations Of Ions/Liter Are Obtained:Na 103 Mmol, Acetate 2.97 Ca 1.5 Mmol, Cl 108mmol, Mg 0.5 Mmol,Dextrose 1.1gm/L Mmol,K 1 Mmol, With An Osmolarity Of 223 Mosm/L, 5 Liters/Plastic Contaner.	Solution	P	H
551027125	Heamodialysis Acid Concentrate For Bicarbonate Dialysis Formula (Ff3) After Diluting 1 Liter Concentrate With 34 Liters Of Water, The Following Concentrations Of Ions/Liter Are Obtained: Na 103 Mmol, K 2mmol, Ca 1.25mmol, Mg 0.5mmol, Cl 108.5 Mmol, Acetate 2.97mmol, Dextrose 1.1gm/L With An Osmolarity Of 223mosm/L, 5 Liters/Plastic Container.	Solution	P	H
551033212	Sodium Bicarbonate For Heamodialysis	Powder Sacht 650 Gm/ Sacht		NP
551033215	Sodium Bicarbonate For Heamodialysis	Powder 840 Gm Sachet		NP
551033216	Sodium Hypochlorite	Solution 4-6% 5 Liters/ Container		NP
551033217	Sodium Hypochlorite With Anticorrosive Agent	Solution 4-6% 5 Liters/ Container		NP

Chapter 17 / Appendix II
DRUGS USED AS ANTIDOTES

Code No.	Item Specification	Dosage Form	Strength			
17.Drugs used as Antidotes						
17.01. Removal and Elimination						
551230385	Ipecacuanha	Syrup	30ml/ Bottel	P	PHC	H
17.02. Prevention of absorption						
551051390	Activated charcoal	Powder or Suspension	50-100gm/ Container	P	PHC	H
17.03. Specific drugs						
551054355	Acetylcysteine	Ampoule	200 mg/ 10 ml	P		H
551054360	Deferoxamine mesylate	Vial	500 mg	P		H
551054365	Digoxin immune fab	Ampoule	40mg	P		H
551052374	Methylene blue	Ampoule	100 mcg	NP		
551051395	Physostigmine salicylate	Ampoule	2 mg	P		H
551054385	Sodium nitrite	Ampoule	3% 300 mg/ 10 ml	P		H
551054390	Sodium thiosulphate	Ampoule	50% 12.5 gm	P		H
551054350	Dimercaprol (BAL)	Ampoule	200 mg	P		H
550073913	Sodium calciumedetate	Ampoule	1gm	P		H
551054380	Pralidoxime chloride	Vial	1 gm	P		H
551054364	Deferiprone	Tablet	500 mg	P		H
551054362	Deferasirox	Tablet	125 mg	P		H
551054366	Deferasirox	Tablet	250 mg	P		H
551054361	Deferasirox	Tablet	500 mg	P		H
548011201	Trimethylglycine	Scoop	1 gm/ Scoop	NP		

548011203	Polycitra (citric acid+ Reconstitution sodium citrate+ Potassium citrate)	Syrup	(334 mg+ 500 mg+ 550 mg) /5 ml 400 - 500 ml/ Bottle	NP	
548011210	Hydroxocobalamine (Vitamin B12)	Vial	1000 mcq/ ml (30ml)	P	H
543034250	DMSA (succimer) chemet	Capsule	100 mg	P	H
551054354	Pentetate Calcium Trisodium	Vial	1 gm	P	H
551054351	Fomepizole	Vial	1.5 ml (1gm/ ml)	P	H
551054352	Prussian blue	Cap	500 mg	P	H
551054353	Botulism Immune Globulin Pediatrics	Injectionection Powder For Reconstitution	100 mg	P	H
542034460	Sea snake antivenin	Ampoule	1000 unit	NP	

Chapter 18 / Appendix III
CHEMICALS

Code No.	Item Specification	Dosage Form	Strength		
Solids					
552011106	Bentonite	Powder Container	1 kg	NP	
552011108	Benzoic acid	Powder Container	250 gm	NP	
552011110	Borax (sodium borate)	Powder Container	500 gm	P	H
552011100	Boric acid powder	Powder Container	500 gm	P	H
552011001	Calamine	Powder Container	1 kg	P	H
552011003	Citric acid	Powder Container	1 kg	NP	
552011005	Comphor crystals	Powder Container	500 gm	NP	
552011010	Gentian violet crystals(Medical)	Powder Container	100 gm	P	H
552011020	Iodine crystals	Powder Container	500 gm glass bottle	P	H
552011030	Magnesium sulfate	Powder Container	500 gm	NP	
552011140	Menthol	Powder Container	50 gm	P	H
552011040	Mercurochrome crystals	Amber colored bottle	100 gm	NP	
552011050	Methylene blue	Powder Container	100 gm	NP	
552011060	Phenol crystals	Powder Container	100 gm	NP	
552011150	Potassium chloride	Powder Container	1 kg	P	H
552010030	Potassium iodide crystals	Powder Container	1 kg	P	H

552010050	Potassium permanganate crystals	Powder Container	100 gm	P		H
552011120	Silver nitrate styptics	Pack	10 sticks	P		H
552010070	Soda lime granules	Container	250 gm	P		H
552010080	Sodium bicarbonate	Powder Container	5 kg	P		H
552010075	Sodium chloride	Powder Container	500 gm	NP		
552010077	Sodium citrate	Powder Container	500 gm	NP		
552010085	Sucrose	Powder Container	1 kg	NP		
552010087	Sulphur	Powder Container	500 gm	NP		
552010060	Talc purified powder	Powder Container	50 - 100 gm	P		H
552010065	Thymol	Powder Container	100 gm	NP		
552010091	Zinc iodide	Powder Container	100 gm	NP		
552010090	Zinc oxide	Cream OR Ointment	30 gm/ Tube	P	PHC	H
552010093	Zinc sulfate	Powder Container	500 gm	NP		
Semisolids						
552022300	Adeps-lanae anhydrous lanolin	Container	5 kg	P		H
552022320	Emulsifying Wax	Container	1 kg	P		H
552022310	Paraffin	Tube	30 - 45 gm	P		H
Liquids						
552033490	Acetic acid	Container	1 liter/ Bottle	P		H
552033500	Benzoin tincture	Container	1 liter/ Bottle	P		H
552033530	Benzyl benzoate	Container		P	PHC	H
552033400	Castor oil	Bottle	60 ml	P		H

552033542	Chlorhexidine gluconate 0.5% in Alcohol 70% solution	solution,	500 ml/ container	NP		
550073940	Chlorhexidine gluconate + Cetrimide solution	Container	1.5% + 15% 1 Liter	P		H
552033526	Chlorhexidine gluconate 4% in a surfactant solution	Container	4%, 1 liter/container with dispenser	P		H
552033520	Chlorhexidine gluconate	Container	19 - 21% 1 liter/ Container	P	PHC	H
552033410	Clove oil (Amber Colored Bottle)	Container	100 ml/ Container	P		H
552033420	Ethyl alcohol	Container	95% 25 liters	P	PHC	H
552033427	Eucalyptus oil,	Container	100 ml	NP		
552033430	Formaldehyde (Formalin)	Container	1 liter/ Container	P		H
552033431	Ortho-Phthaldehyde	Container	55% 1 Gallon 60 strips/ Bottle	P		H
550073900	Glutaraldehyde with activator buffer for adjusting the PH at 7.5-8.5	Container	2 % 5 liters/ Container	P	PHC	H
552033450	Glycerol (Glycerin)	Bottle	60 ml/ Bottle	P		H
552033440	Hydrogen peroxide (20 volume)	Bottle	6% 500 ml/ Bottle	P	PHC	H
552033460	Ichthammol	Container	500 g/ Container	P		H
552033462	Isopropylalcohol absolute (99%),	Container	25 liters /container	NP		
552033480	Methyl salicylate	Bottle	1 liter/ Bottle	P		H

552033464	Orange	container	100 ml	NP		
552033470	Paraffin, liquid (Protected from light)	Container	5 liters/ Container	P		H
552033465	Peppermint oil	Container	100ml	NP		
550073920	Povidone (Iodine) Surgical Scrub	Bottle	7.5% 200 - 500 ml/ Bottle	P		H
550073910	Povidone (Iodine)	Bottle	10% 200 - 500 ml/ Bottle	P	PHC	H
552033477	Triethanolamine liquid	Container	500 ml/container	NP		

Chapter 19 / Appendix IV
Contrast media used in RADIOLOGY

Code No.	Item Specification	Dosage Form		
Contrast media used in RADIOLOGY				
551230715	Iodine- Based Water Soluble Contrast Medium For G.I.T Examination (Oral & Rectal) Concentration 300-370 Mg (Ioxetol) Iodine/ Ml 50 - 100 Ml/ Bottle	Bottle	P	H
551154774	Iodine-Based Isosmolar,Water Soluble Non-Ionic Contast Medium For Iv&1a Injectionection And For Body Cavities,Concentration (Iodixanol) 320 - 370mg Iodine Ml,50ml/Vials	Vial	P	H
551154771	Iodine-Based Low Osmolality,Water Soluble Non- Ionic Contast Medium For Iv&1a Injectionection And For Body Cavities, (Ioxilan, Iopromidol, Or Ioversol) Also Suitable For Pediatric,Concentration 300 Mg Iodine/ Ml 50 Ml/ Vial	Vial	P	H
551151850	Gadolinium-Based Water Soluble Contrast Medium For Iv Injectionection ,Concentration 0.5m Mol/Ml, 20ml/Vial	Vial	P	H
551151852	Gadolinium-Based Water Soluble Contrast Medium For Injectionection,Concentration 0.5m Mol/10ml/Vials	Vial	P	H
551151854	Gadolinium-Based Water Soluble Contrast Medium For Injectionection,Concentration 1. 0 M Mol/Ml, 7.5-15ml Vials Or Pfs(Pre Filled Syringe)	Vial	P	H
551154740	Iodine- Based Low Osmolality Water Soluble Non-Ionic Contrast Medium For Iv & Ia Injectionection And Body Cavities (Ioxilan, Iopromide, Ioversol, Or Iohexol) Concentration 320 - 370mg Iodine/Ml, 50ml/Vial	Vial	P	H

551154720	Barium-Based Enema Kit W/ Barium Sulfate For Suspension For Double Contrast Colon Examinations.650 Ml Of Low Viscosity (Rapid Flow),Ready To Use Suspension Of Barium Sulfate Density 100% To 105% W/V With Dispersing Agent, Perservatives And Anti-Foaming Agent In A Bottle-Bag With Screw Cap Fittings, 60" Of1/2" Tubing With Cap Assembly And Attachedsafety End Flexable Enema Tip With Non-Latex Retention Cuff With Anti-Reflux Valve. 1multi-Puff Insufflator And 1 Airline Extension.	Vial	P	H
551154722	Barium-Based,Barium Sulfate Suspention For Computed Tomography Of Gastrointestinal Tract.450 Ml Barium Sulfate Suspension 1.3-1.5% W/V Flavored, Ready-To Use,Unit Dose Bottle.	Kit	P	H
551154725	Barium -Based.Barium Sulfate Suspension For Double Contrast Colon Examinations. 1900 Ml Barium Sulfate Suspension 105% W/V, High Density ,Low Viscosity,Bubble-Free,Uniform,Non Precipating Suspension. 1900 Ml/Gallon.	Gallon	P	H
551154726	Low Density Barium Sulfate (2-5%) Suspention Or Water Soluble Iodine Containing Contrast Medium (2-3%) With Flavoring Agent For Opacification Of Stomach & Bowel Loops In Computed Tomographic Examination,Approx,1000ml Bottle.	Bottle	P	H
551154728	Barium -Based,Enema Kit W/Barium Sulfate Suspension For Ct Examinations Of The Gastrointestinal Tract.400 Ml Of Barium Sulfate Suspension 1.3% W/V In Abag With Screw Cap Fittings, 60" Of1/2 ' Tubing With Cap Assebly And Attached Safety End Flexable Enema Tip With Non-Latex Retention Cuff. Each Case Includes 1 Single-Puff Inflator.	Kit	P	H

551151700	Barium-Based High Density Barium Sulfate For Suspension For Double Contrast Stomach Examinations. ?320 Gm High Density,98% W/W Barium Sulphate Formulation For Rapaid Suspension,With Flavoring, Anti-Foaming And Suspending Agents. Unit-Dose Bottle Withstraw And Measuring Cup.	Bottle	P	H
551154710	Air Production Agent,Containing Sodium Bicarbonate,Citric Acid,Simethicon And Flavoring Agent, To Be Used With Double Contrast Meal For G.I.T Examination Tablet Or Effervicent Granules.	Sachet	P	H
551154716	Bowel Cleaning Kit Containing Unit-Dose Packet Of Powder For Magnesium Citrate Oral Solution(Equivalent To Magnesium Citrate 18-19gm), 3-5mg Bisacodyl Enteric Coated Tablet And One 10mg Bisacodyl Suppository	Kit	P	H
551154724	Barium - Based Contrast Media Kit For Enteroclysis (Small Bowel Enema) Containing: ?500ml Ml Of 50% W/V Barium Sulfate Suspension.? 500 Ml Methylcellulose Solution Concentrate For Dilution.Two 3 Litre Empty Enema Bags With Screw Cap Spout,"Y" Connector And 5/16" Tubing With Leur Adapter. Enteroclysis Catheter >155 Cm,13 F W/Side Holes And Non Latex Ballon W/0.065" Guidewire. 2% Local Anesthetic Gel,Metoclopramide Tablets,Syringes And Accessories.	Kit	P	H
551154770	Iodine- Based Low Osmolality Water Soluble Non-Ionic Contrast Medium For Iv & Ia Injectionection And Body Cayities,For Pediatric (Ioxilan, Iopromidol, Ioversol, Or Iohexol) Concentration 300 Iodine/Ml, 10ml/Vial	Vial	P	H
551154789	Gadopentetate Dimegkumine 469.01 Mg + Meglumine 0.99 Mg + Diethylenetrimine Pentaacetic Acid 0.4 Mg Per Each Ml Total Volume 10 Ml	Vial	NP	
551154788	Diatrizoate Meglumine And Diatrizoate Sodium 370 Mg/ Ml 100 Ml Syrup Water Soluble For Oral And Rectal	Bottle	NP	

551154730	Water Soluble Non-Ionic Contrast Medium For Injectionection Containing (Ioxilan, Iopromidol, Ioversol, Or Iohexol) 280 - 300 Iodine/ Ml, 50 Ml/ Vial	Vial	NP

Chapter 20 / Appendix V
RADIO PHARMACEUTICALS

Code No.	Item Specification	Dosage Form		
192000020	123 I-Diag. Capsules 400uci 5capsules/ Package	Capsule	P	H
192000046	123 I-Mibg 5 Mci (Solution Vial)	Vial	P	H
192000055	131 I-Iodine Therapy Dose 50mci (Solution)	Vial	P	H
192000045	131 I-Mibg 1 Mci (Solution)	Vial	P	H
192000625	131 I-Sodium Iodine Diag. Capsules (10 Capsule/Pack) 100uci	Capsule	P	H
192000010	131 I-Therapy Capsules 10 Mci	Capsule	P	H
192000011	131 I-Therapy Capsules 50 Mci	Capsule	P	H
192000050	201tl-Thallium For Cardiac Imaging, 5 Mci.(Solution).	Vial	P	H
192000025	67 Ga-Gallium 5mci (Solution)	Vial	P	H
192000655	89 Sr-Strentium 4mci (Theraputic) For Bone Palliation	Ampoule	P	H
192000017	99m Tc. Bicidate,Ecd (Neurolite) For Cerebral Imaging. 5 Vial/Kit.	Kit	P	H
192000035	99mtc-Technetium 99m Sterile Generator (270.3mci	Piece	P	H
192000037	99mtc-Technetium 99m Sterile Generator (600 Mci)	Piece	P	H
192000222	Cardiolate (Mibi) For Cardiac, Breast And Parathyroid Imaging (5 Vial/Kit).	Kit	P	H
192000230	Ceretec (Hmpao) For Cerebral Blood Flow Study.(5 Vial/Kit)	Kit	P	H
192000235	Colloid For Lymphoscintgraphy (5vial/Kit)	Kit	P	H

192000215	Dmsa Kits (For Labelling With 99mtc To Evaluate Renal Coritcal Imaging)	Kit	P	H
192000016	Dmsa (V) (Pentavalent Dmsa), 5 Vial/ Kit.	Kit	P	H
192000216	Dtpa Kits (For Labelling With 99mtc) 5 Vial/Kit	Kit	P	H
192000205	Hida (Disida) Kits (For Labelling With 99mtc To Evaluate Hepatobilliary Kinetics) 5 Vial/Kit	Kit	P	H
192000200	Liver Kits (For Labelling With 99mtc Silver Coloide To Evaluate Hepatic And Spleen Imaging) 5 Vial/Kit	Kit	P	H
192000220	Maa Kits (For Labelling With 99mtc To Evaluate Lung Perfusion) 5 Vial/Kit	Kit	P	H
192000600	Medronate Ii (Mdp) Bone Kik (5vial/Kit)	Kit	P	H
192000221	Myouview Kit (For Labelling With 99mtc) 5 Vial/Kit	Kit	P	H
192000044	Pyp Kits For (Cardiac Imaging), 5 Vial/Kit	Kit	P	H
192000225	Stannous Or Other Agents For 99mtc Labelling Of Red Blood Cells (5 Vial/Kit)	Kit	P	H
192000014	111in-Chloroide Octreotide (111 In Radiolabled Somatostatin), 3-6 Mci	Kit	P	H
192000015	111in-Capromab Pendetide (Prostascint), 3-6 Mci	Kit	P	H
192000018	(153sm (Edtmp)- Samarium Lexidronam (Quadramet), 50 Mci.(1 Mci/Kg	Kit	P	H
192000019	Smarium Chloride Precursor For Labeling Multibone In Vivo One Kit	Kit	P	H
192000038	99m Tc- Technetium 99m Sterile Generator (400mci)	Kit	P	H
192000042	Mag3 Kits (For Labelling With 99mtcto Evaluate Renal Execretory Function), 5vial/Kit.	Kit	P	H
192000060	32 P-Phosphorus 5 Mci. (Solution).	Solution	P	H

192000210	Hig Kits (For Labelling With 99mtc), For Joint Imaging 5vial/Kit.	Kit	P	H
192000507	Radic Wash Spray Mist	Kit	P	H
192000515	57 Co- Cobalt Point Source (Spot Maker).	Kit	P	H
192000555	99m Tc- Sesta 2-Methoxyisobutyl Isonitrile (Mibi) Dosae 370-925 Mbq	Kit	P	H

Chapter 21 / Appendix VI
INSECTICIDES

Code No.	Item Specification	Dosage Form		
606000091	Deltamethrin Wg 25% :(250g/L) Water Dispersible Granule Formulation (Wg) Water Dilutable Insecticide For Surface Application (Residual Sprying) Pack Size Should Be In Unit Dose Aluminum Sachet 20mg. In Carton Of 4kg/Carton (200 Sachets). The Product Should Comply With Who Specification.	SACHETS	P	H
606000060	Juvenile Hormore Analogue (J.H.A) Contains Pyriproxyfen 0.5 % .Affects Mosquito Development From Egg To Adult. Package 20 Kg In Thick Nylon Sacks Inside A Hard Paper Sac.The Product Should Comply With Who Specification.	SAC.	P	H
606000089	Micro Encapsulated Lambda-Cyhalothrin Micro Encapsulated Pyrethroid Insecticide Active Ingredient Lambda-Cyhalothrin 100gm/Liter Capsule Size 12-13 Micron To Keep Its Residual Effector Long Time Packing Special Plastic With Self Measuring (1)Liter In A Hard Carton 20-25 Kg The Product Must Comply With Who Specifications	Liter	P	H
606000042	Molluscicide Wettable Powder Containing At Least 70% Niclosamide, Active Ingredient Purity Not Less Than 960gm/Kg (96%), Whopes Certificated And Who Approved. Packing 500gm In A High Density Polyethylene Bottle (0.4gm/Cm) Natural Colour,Uv Stabilized For Sun Protection And Anti-Dust Leakage Bottle Neck For Human Safety & Environment Protection Sealed By Chromo Duplex Carton Wax Disk, Each 20 Bottles 5 In A Heavy Duty Carton, The Product Should Comply With Who Specifiaction.	Bottles	P	H

606000064	Mosquito Igr Effervescent 6% Diflubenzuron Tablet. Weight About 2gm/Tablet. Packing In 3-5kg Plastic Bucket With Handle For Easy Carrying. The Product Must Comply With Who Specification.	Tablet	P	H
606000036	Mosquito Larvicide Powder Containing 25% Diflubenzuron Packing : 20-25 Kg. The Product Should Comply With Who Specification.	Pack	P	H
606000002	Press Packed Aerosol For Flying Insect 350 Ml. The Product Should Complay With W.H.O. Specification .	Pack	P	H
606000063	Pyrethroid Insecticide For Knock Down And Killing Flying Insects Like Mosquitoes And Sand Flies In Aform Of Ulv And Fogging Containing A Combination Of Bifenthrin 5% + Zeta - Cypermethrin 0.5%+Sbioallethrin 0.5%+Piperonyl Butoxide 6%. Can Be Dilluted With Water , Diesel Or Kerosene . Packing In Rust Resistance Drums Of 20 Liters . The Prouduct Must Be Comply With Who Specifications.(Whopes)	Liter	P	H
606000094	Pyrethroid Insecticide For Knock Down And Killing Used In Form Of Uly And Thermal Fogg Containing At Least D.D Trans - Cyphenothrin 5% As Active Ingredient, Can Be Diluted With Water, Diesel Or Kerosine In Package Of Rust Resistance Drums Of 20-25 Liters. The Product Should Comply With Who Specification.	Liter	P	H
606000068	Etofenprex 20% Wb For Residual Spray Of Low Mammalian Toxicity Not More Than 42000mg/Kg . Packing In Sachets Of 250 Mg . Carton Of 10 Kg . The Pruduct Must Comply With Who Specification .	Pack	P	H
606000069	Juvenile Hormone Analogue (J.H.A)Contains Pyriproxyfen 0.5%,Wdg Could Be Diluted By Water Affects Mosquito Development From Egg To Adult .Packing 20kg In Thick Nylon Sacks Inside A Hard Paper Sac .The Product Should Comply With Who Specifications . (Whopes)	Pack	P	H

606000073	Natural And Biological Insecticide For Mosquito Larvae Control,Containing Spinosad 7.48% As Active Ingredient In The Form Of Tablets (1.4gm) Each.Packing Made Of Mylar Polymer And Polyethylene Liner,Outer Pack Is A Fiber Board Box.250 Tablet Pouch ,16 Poch/Case (4000)Tablets.Weight About 5.6kg.The Product Must Comply With Who Specification (Whopes)	Pack	P	H
606000074	Pyrethroid Pesticide ,For Knock Down Of Insects Composed Of D.D. Trans Cyphonethrin(S) 6% And 4% D.Tetramethrin Could Be Used As Thermal Fogg,Ulv And Residual Spray Soluble In Water And Kerosene .Packing In Pesticide Resistant Stainless Steel Drums 20-25 Liter. The Product Should Comply With Who Specifications (Whopes)	Pack	P	H
606000076	Neonicotinoids And Pyrethroids.Rapid Knock Down And Killing Of Insects ,Active Ingredients Dinoterfuran 0.5% . S-Bioallethrin 0.5% Etofenprox 10% And Pbo 10% .Packing In Pesticide Resistant Polyethylene Containers Of 5 Liters .Each Carton Contains 4 Packs. The Product Must Comply With Who Specification	Pack	P	H
606000079	Mosquito Larvicide And Pupicide Composde Of Poly (Oxy-1.2-Ethanediy Alpha-C16-20 Brached And Linear Alkyl- W Alpha-Hydroxy (100%).Packing In Hard Plastic Gallons Of 10 Liter . The Pruduct Must Comply With Who Specification.	Pack	P	H
606000080	A Biological Larvicide Of Bacillus Thurengiensis Isralensis H-14 Strain 164 Potency 5000 Iu/Mg In The Form Of Dispersible Wettable Powder Packed In 1 Kg Plastic Jar. Product Should Comply With Who Specifications.	Pack	P	H
606000101	Igr Of Diflubenzuron 10% Sc ,Free Of Solvent For Control Of Mosquito Larvae .	Pack	P	H

606000102	Micro Emulsion Pesticide Composed Of D. Phenothrin 10% For Rapid Knock Down Of Insects ,To Be Diluted Only With Water For Application As Ulv ,Thermal Fog And Residual Spray. The Product Must Comply With Who Specification.	Residual Spray	P	H

ABBREVIATIONS

Common Weights, Measures, or Apothecary Abbreviations

Abbreviation	Meaning
<	less than
>	greater than
≤	less than or equal to
≥	greater than or equal to
ac	before meals or food
ad	to, up to
ad lib	at pleasure
AM	morning
AMA	against medical advice
amp	ampul
amt	amount
aq	water
aq. dest.	distilled water
ASAP	as soon as possible
a.u.	each ear
bid	twice daily
bm	bowel movement
C	Celsius, centigrade
cal	calorie
cap	capsule
cc	cubic centimeter
cm	centimeter
comp	compound
cont	continue
d	day
d/c	discharge
dil	dilute
disp	dispense
div	divide
dtd	give of such a dose

Dx	diagnosis
elix, el	elixir
emp	as directed
et	and
ex aq	in water
F	Fahrenheit
f, ft	make, let be made
g	gram
gr	grain
gtt	a drop
h	hour
hs	at bedtime
kcal	kilocalorie
kg	kilogram
L	liter
liq	a liquor, solution
M	molar
mcg	microgram
m. dict	as directed
mEq	milliequivalent
mg	milligram
microL	microliter
mL	milliliter
mm	millimeter
mM	millimolar
mm Hg	millimeters of mercury
ng	nanogram
no.	number
noc	in the night
non rep	do not repeat, no refills
NPO	nothing by mouth
NV	nausea and vomiting
O, Oct	a pint
o.d.	right eye
o.l.	left eye

o.s	left eye
o.u.	each eye
pc, post cib	after meals
PM	afternoon or evening
P.O.	by mouth
P.R.	rectally
prn	as needed
pulv	a powder
q	every
qad	every other day
qd	every day, daily
qh	every hour
qid	four times a day
qod	every other day
qs	a sufficient quantity
qs ad	a sufficient quantity to make
Rx	take, a recipe
SL	sublingual
stat	at once, immediately
SubQ	subcutaneous
supp	Supp
syr	syrup
tab	tablet
tal	such
tid	three times a day
tr, tinct	tincture
trit	triturate
tsp	teaspoon
u.d.	as directed
ung	ointment
v.o.	verbal order
w.a.	while awake
x3	3 times
x4	4 times

MOH. FORMS

ADVERSE DRUG REACTION REPORT

Kingdom of Saudi Arabia
Ministry of Health
Management of pharmaceutical care

المملكة العربية السعودية
وزارة الصحة
إدارة الرعاية الصيدلية

ADVERSE DRUG REACTION REPORT **تقرير أثار جانبية لدواء**
CONFIDENTIAL **سري**

Patient Demographics معلومات المريض
Patient Name اسم المريض (اختياري)
File Numbe رقم الملف Age العمر Sex الجنس Weight (kgs) الوزن (كجم) Height (cm) الطول (سنتمتر)
Diagnosis التشخيص
PastMedical History التاريخ المرضي
Allergies تفاعلات الحساسية

Suspected Drug Information **معلومات الدواء المسبب للآثار الجانبية**
(Drug Name(Brand & Generic اسم الدواء"التجاري"و"العلمي"
Dose/ Rout / Frequency الجرعة / عن طريق / عدد المرات
Manufacture & Batch Number الشركة الصانعة ورقم التشغيل
Manufacture & Expire Date تاريخ الانتاج وتاريخ الانتهاء
Drug, started & stopped date تاريخ بداية اعطاء الدواء وتاريخ ايقافه

Concomitant Drugs الأدوية الأخرى

Drug الدواء	Dose/Frequency الجرعة وعدد المرات	Route عن طريق	Date started بداية استخدام الدواء	Date stopped نهاية استخدام الدواء

Relevant Laboratory Date,Diagnostic **الاختبارات المخبرية,نتائج التصوير الاشعاعي,فحص الأنسجة(ان وجدت)**
(Imaging and/or Biopsy Results(if applicable

Adverse Drug Reaction Description **وصف الآثار الجانبية للدواء**
الآثار الجانبية:-
1-.....
2-.....
3-.....
4-.....

(Adverse Drug Reaction(s) (ADR

تاريخ بداية ظهور الاثار الجانبية وتاريخ توقفها ADR) started &stopped date)
هل ظهر الاثر الجانبي بعد تعاطي الدواء المشتبه به؟□نعم □لا □لاتوجد معلومات Did the adverse event(s) appear after the suspected drug was administered?
□yes □no □na
هل اختفى الاثر الجانبي بعد ايقاف الدواء المشتبه به؟ □نعم □لا □لا يوجد معلومات Did the reaction(s) stop after stopping drug? □yes □no □na
هل عاد ظهور الاثر الجانبي بعد اعادة استعمال الدواء المشتبه به؟□نعم □لا □لا يوجد معلومات Did the reaction(s) reappear after restarting drug? □yes □no □na
هل هناك سبب اخر غير الدواء يحتمل انه تسبب في حدوث الاثر الجانبي؟ □نعم □لا □لا يوجد معلومات Are there alternative Causes (ather than the drug)that could on there own have caused the reaction? □yes □no □na
اذا كانت الاجابة بنعم فما هي الاسباب If yes, specify.....

OUTCOMES DARA **نتيجة الأثر الجانبي النهائية**

الأثر تسبب في Symptoms	العلاجية	الجانبي	المتخذ

Action Taken	Treatments	Changes to therapy	
□لم يتطلب علاج طبي Medical Record □ Documentation □تم نصح المريض Patient Counseled□ □تم إشعار الطبيب بذلك Prescriber □ Notification	□لا يتطلب معالجة □No Treatment Required □يتطلب علاج للاضرار □Required Intervention with Prescription Medication □صعوبة التشخيص □Significantly Complicated Diagnosis □يتطلب معالجة داعمة □Supportiv Necessitated	□تم وقف الدواء □Drug Discontinued □تم تخفيف الجرعة □Drug Dosage Decreased □تم تقليل عدد مرات الاستعمال □Drug Frequency Decreased □Symptoms Continued تم تقليل معدل تسريب السوائل عن طريق الوريد □Infusion Rate Decreased □تم تغيير الطريقة العلاجية □Therapy Changed □تم إيقاف المعالجة □Therapy Held □لا يوجد تعديل □No Change	□دخول المستشفى □Caused Hospitalization □الزيادة في استخدام وسائل الرعاية الصحية. □Prolonged Hospitalization Facility Stay □زيادة فترة البقاء في المستشفى أقل من 24ساعة □prolonged Hospitalization>24hrs □ زيادة فترة البقاء في المستشفى أكثر من 24ساعة □ prolonged Hospitalization<24hrs □الحاجة لزيارة قسم الطوارئ □Required ER visit □استمرار ظهور الأثار الجانبية □Symptoms Continued □زوال الأثر الجانبي في أقل من 24ساعة □ Symptoms Resolved<24hrs □ زوال الأثر الجانبي في أكثر من 24ساعة □ Symptoms Resolved>24hrs □أثر جانبي خطير على الحيا □ Symptoms Life Threatening □عجز مؤقت □Temporary Disability □عجز دائم □Permanent Disability □تشوه خلقي □Congenital Anomaly □وفاة □Death

Minor: A reaction that does not require treatment or prolongation of hospital stay.It can cause the following: □Reduction in dosage □Discontinuation of medication □No intervention other than monitoring patient □No permanent effect Moderate: A reaction that requires treatment and/or prolongs hospitalization by at least one day.It can cause the following: □Change in physiological status □No permanent effect □some intervention necessary Sever: A reaction that causes the following problems: □the patient died □permanent disability□Life-threatening □A congenital malformation □Hospitalization □Prolonged hospitalization and invasive intervention>	خفيف الخطورة: الأثر الجانبي لا يتطلب معالجة أو إطالة الإقامة بالمستشفى وقد يسبب ما يلي: □تخفيف الجرعة □إيقاف الدواء □لا حاجة للتدخل عدا مراقبة المريض □بدون أثر دائم متوسط الخطورة: الأثر الجانبي يتطلب معالجة أو إقامة بالمستشفى لمدة يوم واحد على الأقل وقد يسبب ما يلي: □تغير الحالة الفسيولوجية للمريض □يحتاج المريض بعض التدخلات العلاجية □بدون أثر دائم شديد الخطورة:- الأثر الجانبي الذي يتسبب فيما يلي:- □وفاة المريض □عجز عام □تشوه خلقي □تعريض حياة المريض للخطر □دخول المستشفى □القاء في المستشفى أو التدخل الجراحي

:Name ……	الاسم:……
……	المهنة:Profession:……
……	الجهة المرسلة:Address:……
..……Fax……phone.:فاكس	هاتف:……
……Sig……date:التاريخ……	التوقيع:……

DRUG QUALITY REPORT

abiaKingdom of Saudia Ar
Ministry of Healt
Management of Pharmaceutical care

المملكة العربية السعودية
وزارة الصحة
إدارة الـرعـايـة الصيـدليـة

تقرير عن جودة الدواء DRUG QUALITY REPORT

: (Product name (brand & generic	اسم المستحضر (العلمي والتجاري) :
: Dosage form	الشكل الصيدلاني :
:Strength & package size	التركيز وحجم العبوة :
: Batch No	رقم التشغيلة :
Mfg & Exp. date :	تاريخ انتهاء الصلاحية :
: Storage condition :	ظروف الحفظ :
: Manufacturer / country of origin :	الشركة الصانعة :
الوكيل : Agent :	

نوع ملاحظة الجودة TYPE OF QUALITY PROBLEM

الفعالية Efficacy	العبوة packaging	تغيير فيزيائي أو كيميائي أو جرثومي Physical ,chemical or microbiological changes	الحجم / الكمية Size / volume	أخرى other
الوصف : Description : الوظيفة:Occupation: العنوان:Adress: الهاتف:.....فاكس:Fax: التوقيع:.....التاريخ:Date .....:Sig:				

بيانات كاتب التقرير REPORTER DETAILS

FORMULARY ADDITION REQUEST FORM
DRUG EVALUATION & ECONOMIC ANALYSIS

المملكة العربية السعودية
وزارة الصحة
إدارة الرعاية الصيدلية

نموذج طلب دواء لدليل الأدوية بوزارة الصحة
Formulary Addition Request Form
Drug Evaluation & Economic Analysis

-:Important

All information requested on this form must be filled out completely and referenced by published scientific articles or it will be returned to requesting health care professional pharmaceutical company promotional literature is not .acceptable. No action will be taken on forms that are submitted incomplete

- **Full Drug evaluation should be attached.**
- **Drug Used Evaluation should be attached once the requisition is for addition.**

Requested by:

Drug Name:	**:Proprietary Name**

Therapeutic Classification:	**:Manufacturer**

Dosage Form:

Clinical Pharmacology and Pharmacokinetics:

FDA, (others) Approved Indications:

(1)

FDA, (others) Recommended Dose and Approved Route of Administration:

Adverse Effects:

:Drug Interactions

:Potential for Error Include published medication safety literature

Rational for Addition / Change:

:(Literature Review (cite major trials only
.(Include pharmacoeconomic literature and summarize findings (if available

(2)

Place in Therapy:
Comparison to Formulary agents including: therapeutic advantages over drugs currently on formulary/ safety advantages/ drugs that could be considered for deletion.

:Comparative Therapy

Generic Name (Manufacturer)	Dose	Cost/ Unit	Usage in Previous Year	Total Cost
Requested drug				
Comparator drug # 1				
Comparator drug # 2				

Indicate the estimated annual acquisition costs (savings) for this new drug by program

Program	Estimated Cost (savings): SR

(3)

أسم الطبيب مقدم الطلب :-

التخصص:-

التوقيع:-

يعتمد من رئيس القسم المختص :-

التوقيع :-

:Hospital Pharmacy & Therapeutic Committee

عضو اللجنة ▪ عضو اللجنة ▪ رئيس قسم الصيدلة ▪

▪ رئيس اللجنة

Regional Pharmacy &Therapeutic Committee

▪ عضو اللجنة ▪ عضو اللجنة عضو اللجنة ▪

▪ رئيس اللجنة

Corporate Pharmacy &Therapeutic Committee

▪ عضو اللجنة ▪ عضو اللجنة ▪ عضو اللجنة ▪ عضو اللجنة

▪ عضو اللجنة ▪ عضو اللجنة

▪ رئيس اللجنة

(4)

:Recommendations

:Conclusions

Include budget impact or other cost savings such as lab costs, decreased stay in hospital, labour, if applicable

: Disclosures

Include impact or other cost saving such as lab costs, decreased stay in hospital , labour, if applicable

: (Utility Rank (for Corporate P&T USE ONLY

:Therapeutic

Rank =1 if large randomized clinical trials demonstrate clear –cut therapeutic advantage (enhanced efficacy and /or reduced toxicity) over available modalities and use of drug will lead to clinically significant . improvement in patient mortality , morbidity or quality of life

Rank =2 if clinical studies indicate therapeutic advantage over available modalities but there is questionable / marginal improvement in patient outcome , and /or efficacy advantage is some what offset by toxicity .disadvantage

Rank =3 if no therapeutic advantage but secondary chrematistics confer some advantage (e.g dosage form, route / frequency of .(administration, pharmacocokinetics, convenience

Rank =4 if no demonstrated advantage over currently .available modalities

:Cost

Rank =A if addition of drug will significantly reduce .direct cost to hospital

Rank =B if addition of drug will modestly reduce direct .costs to hospital

Rank =C if addition of drug will have minimal direct cost .impact (i.e., less than 20,000 per year

Rank =D if addition of drug will modestly increase direct .(costs to hospital (i.e., 20,000 SR to 60,000 SR per year

Rank =E if addition of drug will significantly increase .(direct cost to hospital (i.e., more than 60.000 SR per year

Drug Utilization Program

Elements	Compliance (100%)	Compliance (0%)	Exceptions	Data Retrieval
Justification of Use (Standard = 100%)				
Critical (Process) Indicators (Standard = 100%)				
Complications (Standard = 0%)				
Critical Preventative/Responsive Management				
Outcome Measures (Standard = 100%)				
References				

- **CRACH CARD MEDICATION LIST**

No.	Code No.	Medication	Strength	Dosage Form
-1	547064655	**Glucagon**	mg 1	Prefilled syringe
-2	544094612	**Dopamine**	(mg (250ml 800	Premixed bag
-3	544094605	**Dobutamine**	(mg (250ml 500	Premixed bag
-4	544064388	**Lidocaine 2%**	mg/ml 20	Prefilled syringe
-5	544064390	**Lidocaine infusion**	gm/500ml D5W 2	Premixed bag
-6	544094621	**Epinephrine ((Adrenaline**	(mg/ml0.1)1:10,000	Prefilled syringe
-7	548034544	**Dextrose**	(ml50)%50	Prefilled syringe
-8	545064892	**Atropine sulfate**	(mg/ml(10 ml 0.1	Prefilled syringe
-9	548024475	**Calcium chloride**	(ml10) %10	Prefilled syringe
-10	548024420	**Sodium bicarbonate**	meq/ml1	Prefilled syringe
11-	544064415	**Amiodarone HCL**	150 mg	Ampoule
12-	544094650	**Norepinephrine**	4 mg	Ampoule
13-	544064360	**Procainamide**	1 gm	Vial
14-	548024460	**Magnesium sulfate**	10% (10ml)	Vial
15-	547034265	**Vasopressin**	20 mcg/ml 1ml	Ampoule

AUTOMATIC STOP OF MEDICATION FORM

Ministry of Health
Pharmaceutical Care Department

Notice for Automatic Stop of Medication

:Date

_____ **:.Patient Name:** _____ **File No**

_____ .**Drug Name:** __1

2. _____
3. _____
4. _____

:To: Treating Physician

.This/these drug(s) has/have been ordered on _____/_____/_____ for ____ days

Do you wish to continue with this/these drug(s)? If yes, please send a new order to the pharmacy, otherwise, this/these drug(s) .will be automatically stopped on _____/_____/_____ according to unit dose system

_____ **:Pharmacist Name:** _____ **Signature&Stamp**

_____ **:Nurse Name:** _____ **Signature&Stamp**

.**N.B.** The Nurse receiving this Form should inform the Treating Physician

.Carbon copy for Pharmacy Patient File; Original copy for Patient File

Ministry of Health
Pharmaceutical Care Department

Notice for Automatic Stop of Medication

_____/_____/_____ **:Date**

_____ **:.Patient Name:** _____ **File No**

_____ .**Drug Name:** 1

2. _____
3. _____
4. _____

:To: Treating Physician

.This/these drug(s) has/have been ordered on _____/_____/_____ for ____ days

Do you wish to continue with this/these drug(s)? If yes, please send a new order to the pharmacy, otherwise, this/these drug(s) .will be automatically stopped on _____/_____/_____ according to unit dose system

_____ **:Pharmacist Name:** _____ **Signature&Stamp**

_____ **:Nurse Name:** _____ **Signature&Stamp**

.**N.B.** The Nurse receiving this Form should inform the Treating Physician

.Carbon copy for Pharmacy Patient File; Original copy for Patient File

- **MEDICATION ERROR REPORT FORM**

وزارة الصحة
Ministry of Health

Ministry of Health
Pharmaceutical Care Department
MEDICATION ERROR REPORT FORM
ANONYMOUS
(Please fill all applicable information and forward the form to the Pharmacy Department within TQM Office within 48 hours)

FILE NO. ☐☐☐☐☐☐

NAME: _____

☐ F AGE: ☐☐ SEX: ☐ M

NATIONALITY: _____

CONSULTANT IN-CHARGE:_____

DEPT: _____ UNIT: _____

Employee Discovering the error

:Date Error Occurred		**:Time Error Occurred**	
:(Location (Ward/Unit		**:Date/Time Error Reported**	
:Date Error Discovered		**:Time Error Discovered**	

:Error Committed by

_____ :Physician ☐ Nurse ☐ Pharmacist ☐ Other ☐

:Error Discovered by

_____ :Physician ☐ Nurse ☐ Pharmacist ☐ Other ☐

:Dosage Form	**:Route of Administration**	**:Package Container**
Tablet/Capsule/Oral liquid ☐ Cream/Ointment/Gel/Paste ☐ Aerosol/Inhalation/Drops ☐ (Injectionectable (IV/IM/ET/SC ☐ Suppository ☐ _____ :Others ☐	Oral ☐ Eye/ Ear/ nose ☐ Inhalation/aerosol ☐ (Injectionectable (IV/IM/IT/SC ☐ Topical Skin/ Rectal ☐ _____ :Other ☐	Unit Dose ☐ ☐ Syringe Bottle ☐ Single Dose Vial/ Ampoule ☐ IV Piggy Bag ☐ Intravenous Solution ☐
:Error Criteria		
Improper Dose (over, under or extra ☐ (dose Wrong Duration ☐ Wrong Strength/ Concentration ☐ Dose Omission ☐ (Other (specify ☐ _____	Wrong rate ☐ Wrong Drug preparation ☐ Wrong Time of Administration ☐ Drug given without documentation ☐ (signature on treatment sheet)	Wrong Patient ☐ Wrong Dosage Form ☐ Wrong Route ☐ Missed Drug (not written in the ☐ (prescription

:Brief Description of Error

_____

_____

_____

Immediate Supervisor

:Outcome of Error

.Error occurred but did not reach the patient ☐

☐ Error reached the patient but did not cause harm.

☐ Error reached the patient and required monitoring.

☐ Error reached the patient and resulted in temporary harm that required intervention.

(Error reached the patient and contributed to patient's death or morbidity (Immediately notify the Sentinel Event Committee in case patient died

:Immediate Action Taken

_____

_____

_____

_____

:Name of Immediate Supervisor: *Signature:* *Date/Time:* *Date forwarded to Pharmacy*

Physician intervention

(Physician Follow-up: *(If error reached the patient*

Seen by physician? ☐ Yes ☐ No

_____ :Assessment

_____ :Examination/Treatment: ☐ Antidote to be given

Patient for monitoring/observation ☐ Blood tests requested ☐

_____ :Other ☐

Pharmacy Use

(Recommendations: *(Suggestions to prevent recurrence of error*

_____

_____

_____

_____

:Name of Pharmacist: *Signature:* *Date/Time:* *Date forwarded to TQM*

TQM Use

Types of Error: ☐ System error ☐ Potential error ☐ Actual error ☐ Prescribing error

Action taken complete ☐ Action taken incomplete ☐ Action taken not documented ☐

_____ :Report forwarded/referred to ☐

:Name: *Signature:* *Date/Time report received*

This form is not a legal document and shall not be used for disciplinary action. For Quality Improvement .purposes ONLY

DIRECT PURCHASE ORDER FORM

نموذج طلب أدوية ومستلزمات طبية

القسم :..... DIRECT PURCH))

مستشفى : .....

التاريخ :.....

أولا معلومات عن المريض تكتب بواسطة الطبيب

FIRST: INFORMATION ABOUT
(THE PATIENT (WRITTEN BY THE PHYSICIAN

إسم المريض :PATIENT NAME.....

الجنسيـــــة : NATIONALITY:.....

الجنـــــس : SEX:.....

تاريخ دخول المستشفى : / / DATE OF ADMISSION : / /

القسم المنوم به :..... **رقم الملف:** WARD NO. ..... RECORD NO:.....

التشخيـص : DIAGNOSIS: .....

إسم العلاج المطلوب : NAME OF REQUIRED DRUG:.....

الكمية المطلوب تأمينها :QUANTITY REQUIRED:.....

مدة العلاج المطلوب: TREATMENT TIME REQUIRED.....

إسم الطبيب المعالج : PHYSICIANS NAME:.....

العلاج المطلوب ( ) متوفر ( ) غير متوفر **الرقم الكودي** .....

العلاج البديل ( ) متوفر ( ) غير متوفر **الرقم الكودي** .....

مدير الصيدلية : ..... توقيعه : .....

ثانياً : صيدلية المستشفى ::

ثالثاً : إدارة التموين الطبي :

العلاج المطلوب ( ) متوفر غير متوفر مطروح في المناقصة وتاريخ وصوله / / هـ
غير مطروح في **المناقصة** ( )

العلاج البديل ( ) متوفر غير متوفر مطروح في المناقصة وتاريخ وصوله / / هـ
غير مطروح في المناقصة ( )

مدير التموين الطبي بصحة العاصمة المقدسة:.....توقيعه : .....

رابعاً: رأي لجنة الدواء بمدى أهمية العلاج المطلوب ومبررات الطبيب وهل يوجد بديل ؟

إسم العلاج البديل : ..... الكمية المطلوبة : .....

إسم وتوقيع أعضاء اللجنة :

1)..... 2) ..... 3) .....

خامساً: تعميد صاحب الصلاحية :

سعادة مدير الشئون المالية بمستشفى .....**المحترم**

السلام عليكم ورحمة الله وبركاته

يعتمد تأمين العلاج الموضح أعلاه وكميته المطلوبة الآتية ...

مدير (المستشفى)

(الإسم : .....

(التوقيع : .....

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CONTROLLED SUBSTANCE [C] AND NARCOTICS [N]

ALPRAZOLAM
AMOBARBITAL
BENZHEXOL HCL
BUPRENORPHINE
CHLORAL HYDRATE
CHLORDIAZEPOXIDE HCL
CLONAZEPAM
CODEINE PHOSPHATE
DIAZEPAM
ETOMIDATE
FENTANYL CITRATE
FLUMAZENIL
LORAZEPAM
METHADONE HCL
METHYLPHENIDATE
MIDAZOLAM
MORPHINE SULPHATE
NALBUPHINE HCL
NALOXONE HCL
NITRAZEPAM
PARACETAMOL + CODEINE
PETHIDINE HCL
PHENOBARBITAL (PHENOBARBITONE)
PROPOFOL
TEMAZEPAM
THIOPENTAL SODIUM
TRAMADOL HCL

FORMULARY RESTRICTED DRUG

ACITRETIN [FR]

ADALIMUMAB [FR]

ALPRAZOLAM [C] [FR]

ALPROSTADIL [FR]

ALTEPLASE [FR]

ALBUMIN HUMAN FOR INJECTIONECTION [FR]

ALEMTUZUMAB [FR]

AMIKACIN [FR]

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ANAGRELIDE [FR]

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ANTILYMPHOCYTE/ANTITHYMOCYTE IMMUNOGLOBULIN (RABBIT ORIGIN)[FR]

AZITHROMYCIN [FR]

BASILIXIMAB [FR]

BCG VACCINE [FR]

BECLOMETHASONE [FR]

BENZYDAMINE HYDROCHLORIDE [FR]

BERACTANT [FR]

BETAINE [FR]

BEVACIZUMAB [FR]

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PILOCARPINE [FR]
PIMOZIDE [C] [FR]
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QUININE [FR]
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VORICONAZOLE [FR]
YOHIMBINE [FR]
ZIDOVUDINE [FR]
ZIPRASIDONE [FR]
ZOLEDRONIC ACID [FR]
ZOLPIDEM [C] [FR]

PRIMARY HEALTH CARE CENTERS MEDICATION

1- ANALGESIC ANTIPYRETICS & ANTIMIGRAINE DRUGS :

Item Code	Generic Name	Pharm. Form &Strength
545021100	Paracetamol	Tablets 500mg
545022105	Paracetamol	Syrup 120mg/5ml
545023115	Paracetamol	Suppository 100-150mg
545021323	Sumatriptan Succinate	Tablets 100mg

2- ANAESTHETICS (LOCAL):

551063410	Lidocaine	Gei 2%
551066400	Lignocaine	Spray Aerosol 10%
544064385	Lidocaine Hcl	Injectionection. 1%
551064440	Prllocainehc 30mg Felypressin 0.05%	Cartridge 1.8%

3- ANTACIDS:

546014610	Aluminiumhydroxide+Mg Hydroxide	Tablet.
546012001	Aluminiumhydroxide+Mg Hydroxide	Susp.

4- ANTIPEPTIC ULCER DRUGS:

546031230	Ranitidine Hcl	Tablets. 150mg
546031236	Omeprazole Or Lansoprazol	Capsule. 20mg Capsule. 30mg

5- ANTIAMOEBICS:

540031630	Metranidazol	Tablets. 500mg
540032640	Metranidazol	Susp. 125-200mg/Ml
540031631	Diloxanide Furoate	Tablets. 500mg

6- ANTIBACTERIALS:

540011170	Amoxicillin 250mg+Clavulanate 125mg	Tablets.
540012175	Amoxicillin 125mg+Clavulanate 31mg	Susp.

Item Code	Generic Name	Pharm. Form &Strength
540011150	Amoxicillin	Capsule. 250mg
540012160	Amoxicillin	Susp. 250mg/5ml
540014001	Penicillin G Benzathine	Vail 1.200.000 Units
540071830	Cotrimoxazole	Tablets 960mg
540072840	Cotrimoxazole	Syrup 240mg/5ml
540012348	Azithromycin	Susp. 200mg/5ml
540011344	Clarithromycin Or Azithromycin	Tablets. 250mg
540011055	Penicillin Phenoxymethyl.Potasium	Tablets. 250mg
540012050	Penicillin Phenoxymethyl.Potasium	Suspention 250mg/5ml
540011300	Oxytetracyclin	Capsule 250mg
540011320	Doxycycline Hcl	Tablets Or Capsule 100mg
540230433	Ciprofloxacin	Tablets. 500mg
540011085	Floxacillin Or Cloxacillin Na	Capsule. 250mg
540061800	Nitrofurantion	Tablet Or Capsule. 100mg

7- ANTIVIRALS

540051770	Acyclover	Tablet. 200mg

8- Antituberculosis Drugs:

540041670	INH	Tablets. 100mg
540041655	Rifampicin	Capsule. 300mg
540041690	Ethambutol Hcl	Tablets. 400mg
540041700	Pyrazinamide	Tablets. 500mg
540044710	Streptomycin	Vial. 1gm

9- Anthelmintics:

540031585	Mebendazole	Tablet Or Cap 100mg
540032580	Mebendazole	Syrup 100mg/5ml
540031610	Praziquantal	Tablets. 600mg

10- Antimalarials:

540031540	Chloroquine Phosphate	Tablets. 250mg 150 mg base
540032545	Chloroquine	Syrup 75mg Base

Item Code	Generic Name	Pharm. Form &Strength
540031565	Primaquine Phosphate	Tablets. 7.5mg&15mg(Adult)
540031570	Sulfadoxin500mg+Pyrimethamine 125mg	Tablets.
540031545	Artesunate	50 Mg Supp
540031577	Artemether-Lumefantrine	20+120 Mg

11- Leishmaniasis (Drugs Used In):

540034620	Stibogluconate Sodium	Injectionection 600mg

12- Non Steroidals Anti Inflamatory Drugs:

545021200	Ibuprofen	Tablets. Or Capsule 400mg
545022207	Ibuprofen	Syrup 100mg/5ml
545021250	Diclofenac Na	Tablets. 50mg
545023266	Diclofenac Na	Supp. 50mg

13- Antiepileptics:

545031365	Diazepam	Rectal Tube 5mg
545064870	Diazepam	Injection 10mg/5ml
545051810	Carbamazepin	Tablets. 200mg
545051750	Phenytoin Sodium	Capsule. 100mg
545051800	Valproate Sodium	Tablets. 200mg
545051802	Valproate Sodium	Tablets. 500mg

14- Antidepressant Drugs:

545031450	Imipramine Hcl	Tablet. 10mg
545031455	Imipramine Hcl	Tablet. 25mg
545034638 Or 545031636	Fluoxetine Or Fluvoxamine Maleate	Capsuleule 20mg Tablets. 50mg
545031631	Citalopram	Tablet. 20mg

15- Antidiabetics:

547067620	Glibenclamide	Tablets	5mg
547061640	Metformin	Tablets	500mg
547061600	Gliclizide	Tablets	80 Mg

Item Code	Generic Name	Pharm. Form &Strength
547064590	Insulin Human Isophane	Vial 100 Units/1m
547064580	Insulin Human Regular	Vial 100 Units/1ml
547064595	Mixed Human Insulin	Vial 100 Units/1ml

16- Antithyroid Drugs & Thyroid Hormones:

547071760	Carbimazole	Tabletlet 5mg
547071700	Thyroxine Sodium	Tabletlet 50 Mcg
547071710	Thyroxin Sodium	Tabletlets 100 Mcg

17- Drugs Used In Cardiovascular Diseases

545021160	Acetylsalicylic Acid	Tablets 75-100 Mg
544051171	Atenolol	Tablets 100 Mg
544101740	Captopril	Tablets 25 Mg
544101746	Enalepril Maleate Or	Tablets 10 Mg
	Lisinopril Dehydrate Or	Tablets 10 Mg
	Fosinopril	Tablets 10 Mg
544031097	Amlodipine Besilate Or	Tablets 5 Mg
	Felodepine	Tablets 5 Mg
544021055	Nitroglycerin Or	Tablets0.5 Mg Sublingual
544021070	Isosorbide Dinitrate	Tablets 5 Mg Sublingual
544021080	Isosorbide Dinitrate	Tablets 20 Mg SR
544051205	Propanolol Hcl	Tablets 40 Mg
544101700	Methyldopa	Tablets 250 Mg
544101733	Losartan	Tablets 50 Mg

18- Lipid-Lowering Drugs:

544121900	Simvastatin Or	Tablets 10 Mg
	Pravastatin Or	Tablets 20 Mg
	Atorvastatin	Tablets 10 Mg

19- Diuretics:

544074485	Frusemide	Ing 20 Mg/2ml Ampoule
544071475	Frusemide	Tablets 40 Mg
544071450	Hydroclorothiazide	Tablets 25 Mg

Item Code	Generic Name	Pharm. Form &Strength
544071510	Spironolactone	Tablets 25 Mg

20- Antihistaminics:

549016040	Salbutamol	Inhaler 100 Mcg
549012030	Salbutamol	Solution 0.5% For Nebulizer
549066415	Budesonide 200 Mcg	Turbohaler
549016046	Salmeterol Xinafoate 25 Mcg / Fluticasone 125 Mcg Evohaler	Inhaler
547051430	Prednisolone	Tablets 5-20 Mg

21- Antidiarrhoeals:

548041700	Oralrehydration Salt	Flavoured Oral Powder

22- Antiemetics:

548054420	Metoclopramide	Inj 10 Mg/2ml Ampoule
546051400	Metoclopramide	Tablets 10 Mg

23- Laxatives:

546061520	Bulk Forming Laxative	Granules
546065550	Glycerin	Children Supp
546063510	Bisacodyl	Aault Supp 10 Mg
546063510	Senna	5-10 Mg Sennosides/Tablet
551142650	Lactulose	Syrup 3-3.5 Gm/5ml

24- Antispasmodic:

546024130	Hyoscinebutyl Bromide	Injection 20 Mg/Ampoule
546023120	Hyoscibe Butyl Bromide	Tablet 10 Mg
546021137	Mebevirne Hcl	Tablets 200mg

25- Anti-Haemorrhoids:

546103800	Antihaemorrhoidal Without Steroids	Oint 10-30 Gm Tube
546105810	Antihaemorrhidal Without Steroids	Supp

26- Hyperuricemia Drugs Used In:

Item Code	Generic Name	Pharm Form &Strength
545021300	Allopurinol	Tablets 100mg
545021305	Allopurinol	Tablets 300 Mg

27- Drugs For Skin Conditions:

550063620	Benzoyl Peroxide	Gel 5%
550063750	Hydrocortisone	Cream 1%
552033530	Benzyl Benzoate	Liquid
550063670	Silver Sulphadiazine	Cream 1% 50 Gm Tube
552010090	Zinc Oxide	Powder
540022460	Nystatin	Oral Susp.100,000 I.U/Ml
550063730	Ketoconazole,Econazole Or Clotrimazol	Cream 2% , 1% , 1%
8550063610	Tretinoin	Cream 0.05% 2-50 Mg Tube

28- Eye , Ear & Nose Drugs:

550013060	Tetracycline Hcl	Opthalmic Ointment 1%
550013440	Naphazoline Hcl	Eye Drops 0.1%
550013030	Gentamycin	Eye/Ear Drops 0.3%
550013050	Chloramphenicol	Eye Drops 0.5%
550013035	Gentamycin	Eye Ointment 0.3%
550013455	Artificial Tears	Eye Drops
550028530	Betamethasone 0.1% + Gentamycine Sulphate 0.3%	Otic Solutions
550028532	Wax Removal	Ear Drops

29- Obstetrical & Gyanaicological Conditions (Drugs Used In) :

547034270	Methylergometrine Maleate	Amp 0.2 Mg
542024360	Anti D.(Rho) Immunoglobulin	Vial 1250 U
543014150	Phytomenadione (Vit. K1)	Ing 1 Mg/0.5ml
547011060	Northisterone	Tablets 5 Mg
550053590	Nystatin	Vaginal Tablet 100,000 U

Item Code	Generic Name	Pharm Form &Strength
550053595	Imidazole	Vaginal Tablets 150-200 Mg
547011015	Medroxyprogestro Acetete	Tablet 5 Mg

30- Antiseptics & Disinfectants:

552033520	Chlorhexidine Gluconate	Sol 20%
552033420	Ethyl Alcohol	Liquid 95%
550073900	Glutaraldehyde	Sol 2%
550073910	Povidone-Iodine	Sol 10%
552033440	Hydrogen Peroxide	Sol 6% (20 Vol)

31- Interavenous Solution:

548034552	Dextrose	Sol 5% 250 Ml
548034600	Dextrose	Sol 50 % 50 Ml
548024410	Na Chloride	Sol 0.9% 500 Ml
548034560	Dextrose 5% In Normal Saline	Sol 500 Ml
548024445	Ringer- Lactame	Sol 500 Ml

32- Drugs Used In Emeergency:

544094620	Adrinaline	Injection.
548024470	Calcium Chloride	Injection. 10% 10 Ml Syring
548024420	Sodium Bicarbonate	Injection. 8.4 In 50 Ml/ Ampoule
545024051	Morphine Sulphate	Injection. 10 Mg/ Ampoule
544064385	Lidocane Hcl	Injection. 1 % 100 Mg/ Vial
547054405	Hydrocortisine Na Succinate	Injection. 100 Gm/ Vial
551051390	Activated Charcole	Powder 100 Gm
551074470	Naloxone Hcl	Injection 0.4 Mg/Ml
545064890	Atropine Sulphate	Injection 0.4- 0.6 Mg/Ampoule
551230385	Ipecacuanha	Syrup
545034555	Promethazine Hcl	Injection. 50mgl 1mlampoule.
547054480	Dexamethasone Na Phosphate	Ampoule.

33- Vatamins , Minerals & Nutriational Supplements:

Item Code	Generic Name	Pharm Form &Strength
548012050	Cholecalciferrol (Vitd3) Or Ergocalciferol (Vit D2)	Drops 2,000-5,0000u/Ml
548011130	Pyridoxine Hcl Vitamin B6	Tablets 20-50mg
548011001	Retinol (Vit A)	Cap 50,000h.U
548022300	Calcium (Gluconate Or Lactate)	Syrup2,27mmol/5ml
548024312	Calcium Lactate	Tablets 300mg
543011001	Ferrous Salt	Tablets Or Capsule,200-300 Mg
543012010	Ferrous Sulphate	Drops 75mg/Ml
543011051	Folic Acid	Tablets 1mg.

34- Vaccines & Sera:

542014240	Oral Poilo Vacc (Sabin)	5-10 Doses/Vial
542014140	DTP	5-10 Doses/Vial
542014130	DT(Child)	5-10 Doses/ Vial
542014225	Tetravalent Vacc (Hid+Dtp)	10 Doses/Vial
542014228	Pentavalent Vacc (Hbv+Hiv+Dtp)	10 Doses/Vial
542014028	Tetravalent Meningococcal Vacc	5-10doses/Vial
542034440	Tetannus Toxoid Vaccine	5-10 Doses/ Vial
542024330	Tetanus Gamma Glob (Human)	Ampoule Or Vial
542014010	B.C.G & Diluent	Vial
542014040	Pneumococcal Conjugated Vaccine	Signal Dose Vial
542014235	I.P.V	Signal Dose Vial
542014266	Varicella Vaccine	Signal Dose Vial
542014230	M.M.R.	Vial
542014205	Meases Vaccine	Vial
542014280	Hepatitis B Vaccine(Child).	Injection
542014270	Hepatitis B Vaccine (Adult).	Vial
542014276	Hepatitis A (Child).	Single Dose Vial
542014160	Typhoid Vaccine	Vial
542014410	Anti- Scorpion Venom	Vial/Ampoule
542014420	Anti-Snake Venom.	Vial/Ampoule

542014250	Rabies Vacc	Vial
542014350	Rabies Immunoglobulin	Ampoule
542014227	Hib Vaccine	Single Dose Vial

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